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ORIGINAL COMMUNICATIONS.

ART. 1.—*Observations on the pathology, symptoms and treatment of diseases of the Duodenum.* By SAMUEL SALISBURY, Jr., M. D., of Avon Springs.

No. 1. *Pathology.*—The frequent opportunities of investigating, diseases of the digestive organs which have been afforded me, among the numerous visitors of the Sulphurous Springs in this neighborhood, have led me to regard with particular interest, the disorders of this portion of the alimentary canal. From a minute inquiry into the early history and pathognomic symytoms of many different cases, I have formed the conclusion, perhaps erroneous, that one-third of those viewed and treated by their physicians as diseases of the Liver, have been in reality either functional or organic diseases of the Duodenum. Broussais long since advanced the opinion, in which Andral has rather concurred, that in most cases of inflamation of the Liver, there has been previous Duodenitis. Very recently Dr. Corrigan of Dublin has called the attention of physicians to the symptoms of the first stage of what has of late years been termed Cirrhosis of the Liver, a disease which consists in a chronic inflammation of the cellular tissue that forms Glisson's capsule; these he considers "as nothing more than the signs of Duodenitis. It is manifest however, that both Broussais and Andral looked upon this intestine as less liable to inflammation than other parts of the intestinal tube ; it is therefore to be presumed that they intend to include both functional and organic affections of the Duodenum under the appellation Duodenitis. The "cholic fits," or paroxysms of pain in the right epigastrium, which Dr. Carrigan describes, are symptomatic of functional as well as structural disease, and may proceed from irritation of the organic nerves by the passage of the ingesta. It is worthy of remark that he infers the gastric origin of Cirrhosis of the Liver from the fact that he found this disease curable by the same remedial measures which are successful in removing "certain functional diseases of the digestive organs." There is then reason to infer, from the observations of these distinguished pathologists ; not that inflammation or structural lesion of the Duodenum is a frequent occurrence ; but that irritation of its organic nerves, and an altered condition of the circulation, unaccompanied by inflammation ; in fact, what is called by Dr. Wilson Philip, *bilious dyspepsia*, and by Dr. Todd, *duodenal dyspepsia*, in a very large proportion of cases precedes organic disease of the Liver.

If it be admitted that the organic, or, as they have been sometimes called, the ganglionic nerves, possess properties which distinguish them from those of the brain and spinal cord, and this has been proved by recent experiments in regard to some of them, it is equally clear that the distinctive property of the former, is irritability. The first action of operative agents in the production of disease, such as heat, cold, infectious or poisonous matter, indigestable food, &c., must be, either upon the capillary vessels or nerves of the surface of the body or upon those of the mucous lining of those cavities which open externally, such as the lungs, alimentary canal, &c. The first effects of these agents must be an increase or diminution of the irritability of the nerves, or contractility of the vessels, of the parts on which they act. The Duodenum is supplied with branches of the same nerves as the stomach, liver, gall-bladder, and pancreas. The same mucous membrane is continued from the stomach to the Duodenum ; thence through the ductus communis to the liver and gall-bladder, and from the Duodenum to the pancreas. From these considerations it cannot be very difficult to conceive, that an increase of the irritability of the nerves, or of the contractility of the vessels, of this viscus may occur again and again, from the frequent reception of irritive ingesta, or other causes, and be propagated to its congeners, inducing irritation, inflammation, and even structural changes, in them, and yet no inflammation, or organic lesion, of this intestine take place. No matter whether this effect be thought to be produced immediately upon the nerves or vessels of the Duodenum, or by imbibition into the circulating current, it is in either sense irritation, and is not necessarily succeeded by inflammation. "Ribes suggested," says Dr. William Thompson,* (and Andral seems to have agreed in the opinion,) that inflammation commencing in the intestinal canal may propagate itself to the liver, not only along the mucous membrane, but also along the veins. It seems not impossible that inflammation of the Duodenum, without extending beyond the orifice of the ductus communis, may obstruct the flow of bile, so as to occasion in the first place jaundice, and eventually organic disease of the liver." Without calling in question, but rather coinciding with this opinion, there is reason for believing that the same effects may be produced upon the liver by functional disease of the Duodenum or Duodenal irritation. It is not necessary to imagine a patch of inflammation in the Duodenum, in every case, as the records of *post-mortem* examinations have clearly shown no portion of the alimentary canal being found, so frequently in sound condition. Mr. John Bell observes in his work on Anatomy, that it has been the opinion of the most respectable old physicians, those whose knowledge of diseases has been drawn from an acquaintance with anatomy, from the frequent inspection of dead bodies, and the observation of the symptoms during life, that the study of diseases connected with the Duodenum, is the most important which can occupy the attention of the medical inquirer.† It is certainly important to look to the earliest rational and physical signs of disorder in this viscus, as a knowledge of these may be considered a key to the diseases of the viscera with which it is immediately connected.

The anatomical position of the Duodenum, the part which it subserves in the process of digestion, and its organization, support the opinion that it is very liable to functional diseases or irritation, but that inflammation, or alterations of structure, are of rare occurrence. It is proper to explain here that when we speak of irritation we mean a mere alteration of the action of the nerves or bloodvessels of a part, without change of tissue. Tickle the throat with a feather, and irritation of the part, and of the stomach, is produced; but were we to call this inflammation, then every abnormal action is inflammation, and the generally acknowledged distinction between functional and organic disease cannot exist.

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* Tweedie's Library of Practical Medicine, Diseases of the biliary organs, vol4.p242.

† Bell's Anatomy, vol. 4. p. 70., 1804.

The Duodenum occupies a position among the viscera which would seem to render it peculiarly liable to disease. It is a central organ which is most intimately connected with the stomach, liver, gall-bladder and pancreas. In its course it describes nearly a whole circle. Beginning at the pyloric orifice of the stomach, it passes backwards, and to the right side, touching the gall-bladder. It there crosses and re-crosses the spine, enclosing one end of the pancreas in the concavity of its curve. It is the receptacle of the chyme from the stomach and the secretion of the liver and pancreas. In this intestine principally it is thought such a change must be effected in the chyme, sometimes imperfectly formed, as to convert it into the mild and unirritating substance which we denominate chyle. Irritate the extremity of the common duct which opens into the Duodenum and it is felt by the stomach, liver and pancreas through their whole extent, and the proper elaboration of chyle is prevented. As a secondary effect of such irritation deficient nutrition must necessarily result. In order to prevent such exigencies we find in this intestine a peculiar organization, giving it, as we believe an extraordinary power resisting and throwing off the impressions of deleterious agents.

I. It is to be observed that it is susceptable of great distension. *Post-mortem* dissections have revealed to us the fact that it is sometimes distended and enlarged to such a degree as to equal the stomach in size. This can only be explained by supposing its several coats possessed of great strength and elasticity.

II. The mucous coat is thicker than that of any other portion of the alimentary tube, in the upper two-thirds of this intestine. The villi with which this coat is covered are very numerous.

These villi, according to the recent observations of Mr. Goodsir, become turgid and erect every time that chyme passes into the intestine, and the epithelium covering them, is cast off, so that the chyme can come in immediate contact with their exposed surface. They are furnished with numerous cells, formed from the epithelia lining them, which, when they have drawn into their interior certain suitable materials from the chyme, burst and discharge their contents into one or two lacteals with which the villi are immediately connected. When this absorption is not going on, the epithelia covering the villi protect their surface from the acrimony of the fluids constantly coming into the intestine from the ductus communis.*

III. The sub-mucous cellular tissue, which was called by ancient anatomists, the nervous coat, is worthy of special attention. Embedded in its substance are the mucous follicles or glands of Brunner, which are more numerous and much larger in the Duodenum than in any other portion of the intestinal tube, being twelve times larger than those of the stomach, and so prominent as to give the lining membrane a granulated appearance. The office of these glands is supposed to be, the secretion of a fluid to lubricate the inner surface of the intestine and perhaps the elaboration of a distinct product. Both in acute and chronic Duodenitis, these glands are found to be turgescent and hypertrophied.

IV. The muscular coat too, is thick, the circular fibres being particularly strong. Dr. Macintosh in his Principles of Pathology expresses a doubt whether acute inflammation ever primarily effects this coat of the bowels; but rather extends itself to it from the mucous or serous coats. In inflammations of the mucous coat he observes, there is generally diarrhœa; but when the muscular tunic is in a state of inflammation, there is obstinate constipation. To apply this remark to disease of the Duodenum, the occurrence of diarrhœa is very unfrequent, and it is almost always attended with a greater or less degree of constipation. A reasonable inference from this fact is, that the muscular tissue is the usual seat of chronic inflammatory action, the mucous and sub-mucous tissues being protected by their extraordinary thickness, and the great number and size of their villi and glands.

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*Anatomical and Pathological Observations, by John & H. D. Goodsir. 1845.

"The relative frequency of *acute* inflammation is much greater," says Dr. Gross in his Pathological Anatomy, "in some parts of the alimentary canal than in others. The lower half of the ileum, the stomach, and the commencement of the colon, are without doubt most commonly engaged, either alone, or conjointly." It has been suggested by the same writer that the Congestive Fever of the Southern States may be caused by acute inflammation of Duodenum, being propagated from this intestine to the liver and gall-bladder; but post-mortem inspection which often reveals traces of inflammation in collatitious viscera sustains the position above taken, by showing that the stomach and liver may be both together in a state of inflammation and yet the Duodenum experience merely irritation or functional disease. Very recently an epidemic disease is said to have prevailed in some parts of the Northern States (see the March number of this Journal,) the symptoms of which are those indicative of disease of the Duodenum. It is unfortunate that there have been no post-mortem examinations to ascertain whether the disease was functional or organic, so far as this viscus was implicated. We are not informed whether in any instance the disease proceeded to a fatal termination.

Avon, Livingston Co., N. Y.

ART. 2. *Case of Empyema with successful operation.* By B. H. Colegrove, M. D., of Sardinia, Erie Co.

Dr. Flint :—In accordance with your request, I send you the following report of a case of Empyema, which I extract from my Note-Book.

May 18.—I was called to visit a little daughter of Ichabod French, in the town of Boston, aged 7 years. She had acute pneumonia, two months before, and the physician who had her in charge, informed me that he could not bleed her, or administer efficient antiphlogistic medicines as he wished to do, owing to her own perverseness, and the lack of parental authority. So the case took its own course, in no manner checked or modified by medicine or medical treatment.

She had been expected to die for a number of weeks, but as she still lingered, I was requested to see her. I called on my much esteemed friend Dr. C. Emmons, *en route*, and he accompanied me. We found the patient emaciated to a skeleton, harrassed with a most distressing dyspnœa, with intervals of a short, dry, almost brassy cough. The chin was drawn down to the right clavicle, and her respiration was like the panting of a young rabbit. The right hypochondrium much enlarged, the ribs enclosing it, elevated and separated more than on the opposite side. The whole right half of the chest dull on percussion, and auscultation gave no respiratory murmur. No discoloration of the integuments at any point, and no œdema. Respiration apparently performed by the abdominal muscles. Tongue clean, pulse 150, and feeble, articulation difficult, bowels regular, night sweats profuse.

Having a strong conviction that a large quantity of pus was deposited in the right cavity of the chest, with the concurrence of my medical advisers, which was readily obtained, I operated. A point was selected between the fifth and sixth ribs, four inches from their sternal extremities, and by an incision, an inch in extent, the costal pleura through with the point of a lancet, and instantly matter rushed out, and air rushed in and out, at each inspiration and expiration. I caught in a vessel two quarts, and closed the orifice with a large pledget of lint, and several turns of a bandage round the chest, with directions that it be removed once in 24 hours, the patient to be turned with the orifice in the most depending position, and in this way the matter drawn.

The relief was astonishing and instantaneous. The countenance which before the operation was ghastly and leaden, now assumed an aspect of comfort, the breathing was easy, and we left the little patient in a quiet slumber.

Through the opening made in the chest in this case, I at the time, introduced a probe of the ordinary length, say six inches, and the enormous cavity previously occupied by the matter, received its entire length.

The patient entirely recovered, and now at the distance of fifteen years, is residing in this town, is married and the mother of a healthy child.

Within the last five years I have had repeated opportunities of examining the thorax of this patient. The right hypochondrium is very much diminished in size, the antero-posterior diameter greatly shortened, and the general contour of that region much distorted. It gives no resonance on percussion or auscultation, the heart pulsates to the right of the sterno-spinal diameter, the right arm is smaller and weaker than the left.

ART. 3. *Lectures on subjects connected with Clinieal Medicine; comprising Diseases of the Heart.* By P. M. LATHAM, M. D., *Fellow of the Royal College of Physicians; Physician extraordinary to the Queen &c.* Philadelphia Ed. Barrington, and Geo. D. Haswell. 1847. 8vo. pp. 365.

We have already made this work the subject of a brief notice, [see No. XI, Vol. II, April,] at that time we had not bestowed upon it careful study. The reputation of the author as a practical observer and teacher, together with the prepossessions derived from a cursory examination of the volume made us desirous to avail ourselves of our earliest moments of leisure, to give it an attentive and thorough perusal. Our expectations have not been disappointed, it is a valuable contribution to the literature of Practical Medicine, presenting as it does, the leading facts pertaining to the diagnosis of cardic diseases with admirable perspicuity and abounding in valuable observations which are often of wider applicability, than to the particular affections of which it specially treats. The work, as its tittle denotes, consists of lectures, which were delivered at St. Bartholomew's Hospital, several years previously to their present publication. The colloquial style, in which one instruction is most agreeably and effectively communicated, is preserved—a quality which will render it more attractive to the reader, although, being necessarily more discursive than a systematic treatise, it is somewhat less conveinent for after reference to particular topics. The work bears internal evidence of candour and sincerity, and of a desire to tell the truth, the whole truth, and nothing but the truth. These are recommendations which it is the more important to refer to, in as much as it is unfortunately to be confessed, that they are not of universal application to the works of Medical Teachers. The various departments of Practical Medicine afford such a field for the self-deceptions of excessive enthusiasm, and so many temptations to egotistical assumptions, that we are forced to inquire, before receiving with confidence what purports to be the fruits of individual investigation and experience, whether their value be not inpaired by a deficiency of good sense, or too little of that perfect uprightness of mind which regards truth as the paramount object in scientific researches. We feel assured that the readers of Dr. Latham's lectures, will concur with us in the conviction, that they display, not only extensive opportunities for observation diligently improved, and an accumen above the common order; but, what is as much, if not greater praise, that they evince a degree of prudence, judgment, and honesty of intention which are essential to render instruction reliable and useful.

With such views of the work it is but due to it, and to our reader, to present some of the more important practical precepts which it contains; and we purpose in this and a preceeding number, to devote to an analytical review, as much space as is consistent with a proper proportion of other matter, submitting, in connection with the different topics which it involves, such comments as may suggest themselves.

We are led to review the work, also, not alone from its intrinsic merits, but from the claims of the subject, which, we fear, are by no means fully appreciated by the mass of Practioners in our country. The diseases of the heart are too often regarded as of but little account to the general practitioner. He looks upon them as constituting a melancholy class of lesions, of which but little precise knowledge can be acquired, anterior to autopsical examinations; and what little is attainable prior to the death of the patient, in the way of diagnosis, is deemed of small practical importance. The study appears to him, on a superficial view, to be pursued except as a specialty, and he therefore is reluctant to enter upon it. This impression is as erroneous, and unjust to the subject, as it is prevalent. The application of physical exploration to cordial affections, aided by modern researches which have elucidated the correct physiology of the heart's action, has given to their diagnosis even greater simplicity and precision, than belong to the study of pulmonary diseases; in fact, the principles involved in the differential diagnosis of the different forms and localities of organic lesions of the heart, are, in the main as readily apprehended, as they are easy and satisfactory in the application. There are no difficulties in the pursuit which should repel the student, or practioner, from engaging in it with the utmost confidence in his ability, to secure, by his own exertion, aided by books alone, if oral instructions are not available, most of its practical advantages.

The important relation, too, of the diseases of the heart, are worthy greater than are generally supposed. The cases in which death follows directly from lesions of this organ are few, in comparison with those in which this event is traceable to the same source through indirect influences. It is now well ascertained that a host of secondary diseases are attributable to affections of the heart often when the latter are not prominent, being of course overlooked by those who do not take into account the connections existing between them and the disorders, which, from their prominence, arrest and limit the attention. But of this, and other matters connected with the all-important subjects, we may perhaps take occasion to offer farther remarks, as we pass in review the topies treated of in the work before us.

The first four lectures of Dr. Latham's work, are occupied with an exposition of the natural sounds, impulses and resonances of the heart; the deviations from healthy sounds or murmurs, and the principles of auscultation as applied to this organ. The facts and rules enunciated in these lectures are those, in the main, which are more comprehensively and elaborately treated of in the incomparable work of Hope. We cannot supply an epitome of them but must content ourselves with advising those of our readers who may be wholly unacquainted with this department of diagnosis, to consult the latter work, as well as that under present notice. As regards the adventitions and modified sounds or murmurs, they are all either produced from causes existing within the cavities of the organ by the current of the blood through the orifices; or, on the other hand externally, by friction of the outer surface of heart upon the inner surface of the pericardium, one or both surfaces being altered by disease, so that the motion of the organ no longer takes place smoothly and noiselessly. Dr. L. distinguishes these, two classes of murmurs by the titles of *Endo-cardial*, applied to the former; and *Exo-cardial*, to the latter. These new terms are well enough, yet there was not much occasion for them. The Endo-cardial murmurs are but varities of what is commonly known as the bellows murmur, and the exo-cardial are the attrition murmurs. The bellows murmur, in by far the greater proportion of cases in which it is discoverable, is to be regarded as unequivocal evidence of valvular disease. The exceptional instances are those in which it occurs as a symptom of diminished and impoverished blood in anœmia. These cases are generally discriminated without difficulty. They are marked by the various and distinctive evidences of the anœmia state, and the murmur is less constant, and invariably of a soft character, never presenting any of the various degrees of roughness which have been named by different writers, *sawing*, *rasping*, *filing*, &c., after the analogies which these terms express. These varieties, it may be observed, which, at first, seem to puzzle the beginner, possess no special significancy except as denoting the mere fact of valvular disease. They give little or no information as respects the location or the character of the lesions.

It is an interesting and not unimportant point in diagnosis to determine the particular orifice or orifices in which the bellows murmur is produced in particular cases ; on this point it is well known to those familiar with the writings of Dr. Hope, that a few, simple practical principles are therein laid down, which, Dr. H. states, may be relied upon with almost certain confidence. To illustrate the facility of their application, the author declares, that after explaining these principles to several pupils, by means of diagrams, devoting to it only fifteen minutes, and then introducing them to several patients with well marked different forms of valvular diseases, they were able to diagnosticate with correctness, for the most part, although they were previously, entirely unacquainted with auscultation as applied to cardiac diseases ! These principles involve the relations of the murmurs to the natural sounds of the heart, considered in connection with the causes which produce these sounds ; the locality, at which the murmurs present a percussion of intensity, and the direction in which they are most readily transmitted ; the timbre or pitch of tone, which is ingeniously represented by whispered words and letters, &c. To explain these points in this connection would be to elucidate the whole subject, which it is not our purpose to attempt to do. We must again refer the reader to the work of Dr. Hope, as well as to that before us. We would only say to the novitiate, do not imagine that the bellows murmur is a sign, which it is a formidable undertaking to attempt to grasp by the sense of audition; first, learn to disconnect the two sounds of the heart—to appreciate the *tic-tac ;* and the first case which presents itself in which the bellows murmur exists, you will be sure to recognize it, and if you will adopt the habit of listening to the sounds of the heart in aged persons, whether they have symptoms of heart disease, or not, you will not wait long before you will meet with sufficiently palpable illustrations.

With regard to the practicability of locating the valvular lesion from the several circumstances mentioned, Dr. Latham does not speak quite so confidently as Dr. Hope. He asks "are these facts true, and stable, and general enough, to hold the place of principles ? and if they be, will they bear to be taken, always, and without reserve, as the sure exponents of endo-cardial murmurs, so as to fix the valve or orifice from which they proceed ?" He answers, "I dare not affirm so much, I do indeed still make use of them as principles, but I am less peremptory about the certainty of their application I than was a year or two ago; often the event has been just as they would indicate, but occasionally, it has been contrariwise ; and the exceptions I have not always been able to explain, without prejudice to the assumed principles." He adds. "But we should not be in a hurry to abandon such general facts as these, which have often led us right, because they have sometimes seemed to lead us wrong. We should rather suspect the occasional interference of counteracting circumstances, which we do not yet understand." The last clause of the quotation expresses, probably, the true aspect in which cases of an apparently exceptional character should be regarded. The fact equally obtains in the application of principles of physical diagnosis to pulmonary diseases, and with respect to similar liabilities to error in the latter case, the same philosophy, holds good. In neither instance are we to undervalue or neglect means which almost always are capable of affording certain and valuable information, because, in a few cases, owing to causes which our knowledge does not, as yet enable us fully to comprehend, the inferences which we draw from the use of those means of information prove to be erroneous. Yet this is not unfrequently advanced as a sufficient argument against the validity and usefulness of physical diagnosis. Admit it to be a logical argument, and apply it to diagnosis from rational or vital symptoms, and where would it lead us? Is there a single symptom or group of symptoms of the latter class, which could bear a test so rigid as this. If it be insisted that in order for diagnostic signs to be worthy of any confidence, they must posess and maintain invariable significancy in every instance there would soon be an end to semeiology as a branch of Medical Sience.

In reading the first four lectures, devoted, as we have said, to the normal and abnormal sounds of the heart, our attention was arrested by one source of deception, which we do not recollect to have been mentioned by other writes, and it is one which the practitioner should be apprised of. We allude to the practibility of producing the bellows murmur by pressing down the ribs too firmly with the ear, or stethescope. Dr. L. gives the following case illustrating this point.

"A little boy, aged eight years and a half, high-spirited and vivacious, but thin and out of health, was brought to me under a suspicion of disease of the heart. Its impulse was not felt beyond the apex, but *there* it was in excess; yet there was no larger space of dulness than natural in the præcordial region. Upon auscultation, however, this remarkable peculiarity was made out. When the ear or the stethoscope rested gently upon the præcordial region, no unnatural sound whatever was heard. But when either the ear or the stethoscope was applied with such force as to cause the ribs to sink a little below their natural level, then a loud bellows-murmur sprang up. The space at which it was heard, and not beyond it, was just so far as the mouth of the stethoscope covered, when it was placed upon the cartilage of the third rib as a centre. Below and above this spot the murmur vanished, and it was audible neither in the course of the aorta nor in the carotids."

"This case, which occured to me five years ago, has made me watchful ever since, lest haply I might sometimes create the murmur I was in search of. And it is no needless caution where the patient is young and the frame-work of the chest is yielding. Never, indeed, the chest being not deformed, never but this single instance have I produced a murmur simulating that of valvular disease. But very often, when, over-earnest in what I was about, I have pressed too heavily upon the præcordial region, a sort of jarring sound has reached my ear, and brought with it the suspicion of disease, until setting the heart free from the weight and the restraint which I had inadvertenly imposed upon it, I have at once lost the sounds and the apprehensions too, which had arisen from my own awkward manœuvering."

"It is well to know this possible fallacy of our own making, and so to guard against it."

Twenty lectures following the four already referred to, are occupied with the discussion of inflammation affecting the pericardium and endo-cardium; The connection of these inflammatory affections with rheumatism; the treatment of rheumatism with reference to them, as well as the special treatment which they require; the lesions which result from them, and the ulterior consequences flowing from the latter. We will proceed to select from the portion of the work occupied with these topics such practical considerations as shall appear to us most interesting and important, being guided, of course, by the necessity of restricting this article within reasonable limits.

The very frequent complication of Endo-carditis, with or without percarditis, in cases of acute rheumatism is one of the fixed facts of modern science. Dr. Latham was among the first to investigate the connection which subsists between these affections; a connection now sufficiently established and of vast practical import. The following extract contains an account of the rise and progress of this discovery, as it may properly be entitled, in so far as the observations of British Pathologists are especially concerned. We regret to see some evidences in the quotation of a disposition, which is so common among British writers, to disparage or overlook the claims of their gothic neighbors and scientific researches. The name of M. Bouillaud is identified with the modern history of endocarditis, and its connection with rheumatism; yet our author refers to him only in a way admitting of a construction which contains rather an equivocal compliment. He attributes to him the credit of having first determined the frequent exisience of the endocardial complication by directions, but this was owing to the fact that M. Bouillaud's experience furnished fatal cases, while that of the author presented no opportunities for post-mortem examinations! We may be entirely at fault in thinking that any reflections were intended by the manner in which the subject is refered to, but we cannot repress such a suspicion, more especially as M. Bouillaud's name is not otherwise mentioned in the passage. which, in itself, is an act of negative injustice. If we are correct in our surmise, the American reader will at least think with us, that a demonstration of personal or national prejudice is not less contemptible in Dr. L., than in any ofther writer. We repeat, that we are sorry to observe such a desire for criticism in a work which generally exhibits a spirit of firmness and candor worthy all praise. But to the extract :—

"Endocarditis is at present chiefly known as a concomitant of *Acute Rheumatism.*"

"*In* the year 1826 I was the first to teach the students of this hospital the fact, that whenever the heart was affected in acute rheumatism, a sound different from the sound of health always accompanied its contradiction. This was then a new fact, and one of immense importance; and all succeeding observation has gone to confirm its truth. This sound in the vast majority of instances was the bellows' murmur. I must not call it endocardial. for it was not yet known to be so. But in some, instead of the bellows' murmer, it was some strange sound difficult to describe; and in others this strange indescribable sound and the bellows' murmur seemed to occur together: there was a mixture of both.

"My notion then was, that all these sounds arose in some way or other out of inflammation of the pericardium; and taking them all, several and in combination, as the signs of pericarditis, I was amazed to find how far the frequency of its occurrence in acute rheumatism exceeded the common calculation and beliief."

"In process of time I found, upon a comparison of cases, that where in acute rheumatism and bellows' murmur ocurred alone, the affection of the heart was upon the whole far less severe and far less perilous to life, than where some other unnatural sound occurred alone or in combination with it. I observed, too, that in some cases where the bellows' murmur was unequivocal, the patient betrayed no uneasiness, no palpitation, in short, no other symptom which could give the least suspicion of a diseased heart; yet that in the great majority of instances where it once existed it remained permanent as long as the patient continued under my care and observation."

"At length I began to doubt whether the bellows' murmur arising in the course of acute rheumatism was really derived from the pericardium, and to suspect that it proceeded from the internal lining. But for years the practice of this great hospital did not afford me a single opportunity of resolving my doubt, or of confirming my conjecture. For of that disease of the heart, which, coming on during acute rheumatism, is characterised by the bellows' murmur no patient of mine ever died, and I could learn nothing about it from dissection. But what my own experience would not furnish, M. Bouilaud's has supplied. Many have died during the active progress of this disease under his care, and dissection has found it to be inflammation of the endocardium. Thus we are indebted to M. Bouilaud for our first knowledge of this important fact,

Nearly about the same time Dr. Watson and Dr. Stokes of Dublin, further illustrated this important subject by separating those other sounds of the heart, which, I have mentioned to occur in acute rheumatism, from the bellows' murmur, and analysing them apart. These they found to possess the character of attrition, as if produced by surfaces moving to and fro upon each other, and traced them home to their local origin in the pericardium, and showed the condition of their production to be a defective lubricity or a ruggedness and unevenness of that membrane, such as would result from inflammation. In short, they showed these to be the proper signs of pericarditis, as the bellows' murmer is of endocarditis; that when in acute rheumatism either occur alone (as it often does), the disease is simple pericarditis, or simple endocarditis; and that when in acute rheumatism both occur together (as they often do), there is a mixture of the two diseases in the same subject."

"The bellows' murmur coming on in the course of acute rheumatism is a sure sign of inflammation of the endocardium. Here, then. we will drop this exceedingly vulgar name, and call it "endocardial" again. But observe, it is the general character of the morbid actions predominant in the system at large which determines the particular character of the local disease out of which the endocardial murmur arises. They are inflammatory, and it is inflammation.

"In endocarditis, besides the endocardial murmur, there may be other symptoms present directly referable to the heart, or there may not. There may or may not be pain. There may or may not be an excessive impulse, or an intermittent, irregular, or fluttering action of the heart. But the fact of endocarditis is not rendered more or less certain by their presence or absence."

"There may be both pain and palpitation; yet endocarditis cannot be surely inferred to exist, unless there be the endocardial murmur withal.* There may be neither pain nor palpitation, yet endocarditis cannot be inferred not to exist, if the endocardial murmur alone be present."

"Seeing, then, that the endocardial murmur alone can determine the existence of endocarditis, you are required to search after it in every case of acute rheumatism. I say emphatically *to search after it*, because it is one of those signs which must always be sought before it can be found. It does not intrude itself upon our notice like palpitation, or an irregular pulse. The patient does not draw our attention to it as he does to pain. The physician must make it out entirely for himself. And indeed it is infinitely important that he should have the earliest possible notice of it with a view to the earliest possible application of the remedy."

"Never omit, therefore, to listen to the præcordial region whenever you visit a case of acute rheumatism, and visit a case of acute rheumatism oftener perhaps than you otherwise would do merely for the sake of so listening. All may seem well, and to be going on well. The general symptoms may be far from severe. The chest may be free from pain. The heart's action may not awaken suspicion by its force or irregularity. Nevertheless, its internal lining may be inflamed, and, if you listen, the endocardial murmur may convey the momentous fact directly to your ear."

The practical precepts contained in the foregoing quotation cannot be too impressively commended to the attention and recollection of the practitioner.

Pericarditis, like endocarditis, in the experience of Dr. L., originates in the vast majority of instances as a complication of acute rheumatism. On this point he holds the following language:—

"My own experience of pericarditis is mainly derived from what it is, as an accompaniment of acute rheumatism. I have seen the disease, indeed, under other circumstances. But it has been very seldom; so seldom indeed, that I have little acquaintance with other conditions external or internal conducting to it. I can neither tell whence to look for it nor when to expect it, except when it occurs as a part of acute rheumatism."

"The pericarditis, which is acute and rapidly progressive, and, unless arrested by timely and effectual treatment, full of peril, this is the pericarditis I mean. And with this the practice of a large hospital has rendered me familiar by presenting me every year with numerous instances of it in alliance with acute rheumatism. But separate from acute rheumatism, even the practice of a large hospital does not present me with more than an instance or two of it in several years. And, as of the disease itself, so of all the symptoms and auscultatory signs by which I learn its existence and direct its treatment, my chief knowledge comes from acute rheumatism."

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* I do not say that it would not be fairly suspected, and that it would not be right to act as decidedly upon the suspicion in such a case as upon the matter of fact. It certainly would.

The occurrence of pericarditis in connection with rheumatism, is by no means a fact of such recent discovery as that of the complication of endocarditis. But until the application of physical diagnosis, the former, in a large proportion of cases in which it co-existed, was overlooked, inasmuch as the rational evidences of cardiac trouble—such as pain, irregular action, &c., are frequently not prominent enough to arrest the attention of either the patient or physician. The complication of both forms of disease, separately or combined, was seldom recognized at an early stage; and, hence arose the idea that the heart affection, when it was discovered, was a *metastasis*, rather than a *complication*. It was in fact, only ascertained to exist until it proceeded so far as to occasion prominent symptoms from the amount of injury which had imperceptibly taken place, and when the opportunity for successful practice had in a great measure passed by unimproved. Hence, the immense practical importance of the results of late investigations.

The most unequivocal evidence of the existence of pericarditis is afforded by the presence of the attrition, or, as Dr. Latham prefers to call them, the endocardial murmurs. If these murmurs are present, the diagnosis is thereby rendered easy and precise. A common opinion is, that, in a large proportion of cases, after considerable effusion has ensued, the attrition murmurs disappear, to return perhaps again, when absorption has diminished the serum, bringing the roughened surfaces again into contact. Dr. L., however, entertains the belief, founded on his experience, which must have been extensive, that effusion, although considerable, does not abolish the murmurs produced by friction. We cannot but fear that the cases are not few in which this valuable sign is not available for diagnosis, but our apprehensions are derived rather from a rational view of the subject than from experimental knowledge. We sincerely hope it may prove as Dr. L., teaches. After speaking of dulness on percussion over the præcordial region as an important diagnostic sign, he proceeds to say, as follows:—

"But do these two, viz., the murmur and the dulness, bear the same relation to each other as signs of disease within the pericardium, as they have been seen to bear as signs of disease within the pleura? In pleurisy the attrition-sound and the dulness are never coincident, but are alway found to supersede each other, one ceasing as soon as the other arises. Is this the case in pericarditis? My own experience would answer almost absolutely, "No!" As soon as I have discovered the exocardial murmer at any part of the præcordial region, so soon have I almost always found dulness to percussion. And, to whatever extent the dulness to percussion has spread beyond the præcordial region, the murmur has accompanied it, even as high as the first left rib, and beneath the sternum, and far beyond it, even to the juncture of the cartilages with the right ribs. Further, I have known dulness of the præcordial region to be the *first* sign, and to subsist several days *alone*, and yet the attrition-sound has at length been superadded to it, when they have thenceforth continued together. In pericarditis, then, this I take to be *the* general truth, namely, that the murmur, which is produced by lymph deposited upon the surfaces of the membrane, is neither abated, nor abolishod, nor otherwise altered in its character by the serum effused within its cavity. It is not, however, the *universal* truth."

Indeed, I have seen a few instances of pericarditis, where the murmur, clearly heard day after day, has at once become very indistinct, or has been suddenly lost together. The disease has been at its greatest activity, and the heart at the very time has suffered some extraordinary bafflement of its actions. But the sound, thus abated or abolished, has suddenly returned, and in a day or two has been as perfect an exocardial murmur as it was before, and then the heart's actions have recovered their regularity In these instances the remedy which has thus instantly relieved the heart and restored the sound has been a large blister vesicating the whole præcordial region, and a wide space around it."

"Now dwell a little thoughtfully upon these instances, and upon the several attendant circumstances, both when the sound goes and when it returns, and above all, upon *the remedy*, and its immediate *effect*; and then say what they can denote, but now a sudden increase, and now a sudden decrease, of fluid within the pericarpium?"

"But still, if the common experience be in accordance with my own, and if my own speak the truth in this matter, the fact will be that serous effusion within the pleura *always* obliterates the attrition-sound and that serous effusion within the pericardium *generally* leaves it unaltered."

The following passages refer to physical signs, which, when present, are, of course, valuable indications:—

"In pericaditis, while the præcordial region is dull to percussion and the exocardial murmur is heard, an undulating motion often becomes visible to the eye in some of the spaces between the cartilages of the second and third ribs, or of the third and the fourth, or between both at the same time, that I have seen this motion, and never in any other situation."

"So, too, in pericarditis, while the præcordial region is dull to per cussion and the murmur is heard, a vibratory motion often becomes sensible to the touch in some of the spaces between the cartilages of the ribs on the left side. As I never saw the undulatory, so I never felt the vibratory, motion elsewhere than either between the cartilages of the second and third, or of the third and fouth ribs, or between the cartilages of both simultaneously."

" The vibration (I believe) is the more frequent of the two, and often occurs unaccompanied by any visible undulation. But the undulation was never apparent to my eye without my finger being able to detect a sensible vibration at the very same spot."

The presence of peri—and endocarditis, occuring separately or together, as accompaniments of acute rheumatism, is made by Dr. L., the subject of numerical investigation. The following are the more important statistics which he presents: Out of 136 patients occurring at St. Bartholemew's Hospital, between the year of 1836 and 1840 both inclusive, 75 being males and 61 females, the heart was exempt from disease in 46 and affected in 90.

The seat of the disease in the heart was in the endocardium alone, in 63; in the pericaadium alone, in 7; in the endocardium and pericardium, in 11; and doubtful in 9 cases. The deaths were 3 in number, in each of which both the endocardium and pericardiumwere affected.

We quote his own comments on this numerical exposition:—

" Here are momentous facts which go (I suspect) a good deal beyond the ordinary notions entertained by medical men of this matter. It is believed that among the sufferers of acute rheumatism, an individual now and then unluckily has his heart inflamed. The thing is looked upon as an accident which. if not very rare, yet is not very common. But it appears, from the event, not of a dozen or twenty cases merely, but of a number large enough to furnish the measure of what naturally belongs to the disease, that as many as two-thirds of those who have acute rheumatism also suffer inflammation of the heart."

The small ratio of fatality may seem to give an erroneous impression concerning the real danger of the complication. Out of the whole number (136) three only died. In each of the fatal cases the endocardium and pericardium were both involved. Not one of the 63 cases in which the endocardium alone was affected proved fatal. Is it to be therefore inferred that endocarditis is not a serious disease? Let us follow Dr. L's investigation somewhat farther:

"But of these 63, whom the endocarditis did not kill, and who, as far as general symptoms could not be trusted, might be pronounced convalescent or well, auscultation still told us that, after the inflammation had ceased, the membrane recovered its complete integrity of structure only in 16, and that it remained permanently injured in 46. For of the 30 males, the subjects of rheumatic endocarditis, the endocardial murmur ceased entirely only in 8; while it remained, after they were convalescent, and as long as they continued under observation, in 22. And of the 33 females the endocardial murmur ceased entirely only in 9; where it remained in 24."

"Thus, while inflammation arrested and life saved in all the cases which occurred, even 63 in number, do indeed sufficiently testify how small is the present peril of life from rheumatic endocarditis, yet the entire restoration of the endocardium to its perfect structure in 17 only, and the permanent injury done to it in 46, denote a most fearful disease in regard to its distant results. For the probability is as great as four to one, that inflammation befalling the endocardium will become the rudiment of disorganization to the entire heart."

The danger, then, is, not of a fatal result proceeding directly from this complication, but of subsequent organic lesions, which will sooner or later, in the large proportion of cases, eventuate in death. Here it is that the vast practical importance of these investigations lies:—organic lesions within the heart's cavities in most instances are due to pre-existing endocarditis; and endocarditis, in most instances, occurs in connection with rcute rheumatism. The practical considerations belonging to these relations, which late investigations have established, are too obvious to require comments.

The ulterior consequences of pericarditis, as a single complication, are less serious. The reader will note that the ratio of the cases in which this complication existed alone is considerably less than of those in which endocarditis was present alone, or endocarditis and pericarditis conjointly. Of the 7 in the statistics which have been given none died; nor in a single case, did there continue any attrition or exocardial murmur, or other indications that the organ had not resumed the conditions of health.

The facts presented in the foregoing analysis are certainly of a highly interesting character, and possess a degree of importance which is not improperly characterised by the author as *momentous.*

Dr. L., next takes up the subject of "*inflammation of the lungs accompanying acute rheumatism, either alone, or in combination with endocarditis, or with pericarditis, or with both.*"

We shall content ourself with adducing simply his statistics on this subject, with a single remark or two. Inflammation of the lungs was found in 24 of the 136 cases. These 24 cases were made up of 4 cases of bronchitis, 18 of pneumonitis, and 2 of pleuritis. Of the 46 cases in which the heart was unaffected, the lungs were inflamed in 5; of the 90 cases in which the heart was inflamed, the lungs were inflamed in 19; of the 63 cases of endocarditis, the lungs were inflamed in 7; of the 7 cases of pericarditis the lungs were inflamed in4; of the 11 cases of endocarditis and pericarditis simultaneously, the lungs were inflamed in 8.

It is obvious that the collection of cases is not large enough for any positive deductions. In so far as inferences are admissible, they are that the "probability of inflammation of the lungs arising out of acute rheumatism is small; and that the probability is not at all augmented by its alliance with endocarditis;" that it oftenest associated with pericarditis when the latter disease of the heart exists alone, and that it occurs next in greater proportion in cases of pericarditis and endocarditis combined.

We come now to the therapeutical indications involved in the diseases under consideration, and since, it sufficiently appears from the foregoing facts, that heart affections are most intimately connected with the treatment of acute rheumatism, Dr. L., in the first place, considers this topic. It is well known that various and quite opposite methods of treating rheumatism are advocated by different practitioners, each method claiming to be sustained by satisfactory experimental results. Among the most prominent of the methods referred to, are bleeding, and mercurial purgation. Admitting that each of these plans, pursued singly, will apparently succeed, Dr. L., does not deem it a legitimate inference that the cure is effected by the powers of nature, independently, or in spite of the peculiar methods of treatment. He thinks that their efficacy admits of being reconciled, without affording any occasion for disparagement of medical science. Rheumatism offers several indications. One of these indications arises from morbid fulness of the vessels, the increased activity of the circulation, and the increase in the fibrinous constituents of the blood; this indication calls for blood letting, which, within certain limits, will be useful, but may be carried too far. Another indication is furnished by the pain and other disorders of the nervous system. This class of symptoms is appropriately met with opiates. This *plan* Dr. L., has pursued formerly to a considerable extent, and is satisfied that it exerts a decided efficacy in relieving the suffering, and shortening the duration of the disease. To be efficient, opium must be given in sufficient quantities to *subdue* the severity of the symtoms. Lastly, the secretions are manifestly disordered; and hence, purging by calomel may be rationally supposed, and is practically demonstrated to accomplish useful purposes. Thus it is, that each plan, although different from, and in a measure opposed to the others, secures its own objects, which are useful in so far as they go. Each is addressed to a single class of symptoms, or to distinct elements of the disease, and each possesses a certain measure of utility corresponding to the relative importance of the limited purposes which it subserves. With respect to the several methods mentioned, the author presents many valuable practical considerations to which we could not do justice by any condensed analysis.

It follows as a conclusion from the general view taken of the different kinds of treatment recommended, that the true policy is to make them all available by combining them together. This is the plan advocated. He says:—

"But there is a plan of treating acute rheumatism which is juster and safer, and applicable to more cases, and more successful than any of them. And that plan is a compound of all three.

"This compound method, while it works with all the means which have recommended, stops short of what is harsh and excessive in their use, and yet compasses with more certainty the successful result."

"For I believe, that in the treatment of this disease, and in the same cases, by the judicious use of opium you may spare blood, and by the judicious use of bleeding you may spare opium; that by calomel and purgatives properly administered, you may make bleeding and opium less needful, and that by bleeding and opium discreetly employed you may leave less to be effected by calomel and purgatives."

"Hitherto you have seen how, in the management of acute rheumatism, you may deal with blood-vessels, and with the nerves, and with secreting organs separately, and with what effect. Presently you will see how and with what effect you may deal with them simultaneously; and how your different remedies once set a-foot, and pursuing different paths, meet and end in one purpose—and that purpose the cure.

> "As many arrows, loosed several ways,
> Fly to one mark."

The following extract contains a general account of the course of treatment which he would inculcate:—

"When from the pulse I have considered venesection necessary to bring down the circulation, the loss of between twelve and sixteen ounces of blood has generally been enough to answer the purpose in view; and the venesection has seldom been repeated."

"The opium, and calomel, and purgatives I have been accustomed to give in combinations thus:—With the calomel administered at night, according to its quantity, I have united more or less of opium. To ten grains of calomel I have added one grain of opium; or to five of calomel I have added half a grain, continuing to give them together in the same proportion, night after night, as long as they are needed. Then, on each succeeding day, when a large purgation of the bowels has been duly obtained, I have still given the opium alone, or with saline draughts, in doses of half or one-third of a grain, every five or six hours. And thus, with a larger quantity at night, and the smaller quantities during the day, about two grains of opium have been commonly taken in the course of twenty-four hours."

Here, then, the vascular system, and the nervous system, and the abdominal viscera are all at the same time made to feel sensibly the impression of the remedy, but none of them is subdued by it. And with blood-letting, and opium, and calomel with purgatives are all made confederate for the cure of the disease, none of them is given in excess."

"Now, I do not pretend to say, that this is just the measure, and just the relative proportion in which these several remedies need always to be employed for the cure of acute rheumatism. There are circumstances which would require them to be varied. But apart from the patient, they cannot be represented intelligibly. As of venesection, so of these other remedies, after the propriety of their use is already understood, the skill of using them remains to be learnt; the skill which sees when to give a little more, and when a little less, oftener or seldomer—when to bear heavily or lightly on the blood-vessels, when heavily or lightly on the nerves—and when to obtain larger or smaller purgation of the abdominal viscera. This is the skill which cures diseases and saves lives. And no man ever had it, who did not obtain it from his own self-teaching amid the emergencies of actual practice."

With respect to colchicum, a remedy which by many is so highly praised in the treatment of this disease, we will quote his remarks at some length:—

Colchicum, single-handed, cannot (I think) be safely trusted for the cure of acute rheumatism in the severe cases, but it can in the milder ones; and I have so trusted it: yet I do not recommend the practice. Colchicum given alone has been slow, even in these milder cases of making its curative impressions. Many days have generally elapsed before it has produced any abatement of swelling and of pain, of vascular action and of fever; and then, not until it has *began to purge smartly and even painfully.* Now these are hardly satisfactory conditions upon which to obtain the remedial effects of colchicum. For, to purge by colchicum is to make it act as it does in its first degree of poisoning."

"Finding, then, that in the milder cases I had no fair chance of obtaining from it the virtue of a remedy without running some hazard of it as a poison, it was much too dangerous an experiment in my eyes to commit the treatment of acute rheumatism to it mainly or entirely in the severe cases. For now it must be pressed nearer and nearer to the verge of poisoning in order to bring it at all within the capacity of curing."

"But in all cases of acute rheumatism, both mild and severe, the practice prevails of giving colchicum, not alone, but has an auxiliary to other remedies. To bleeding and opium and calomel and purgatives, given in the manner specified, many would add colchicum. They would prescribe a grain of the acetuous extract, or fifteen or twenty minims of the wine twice or thrice a day, some considering it to act sedatively and as a special auxiliary to opium, and some specifically and with the force of an antidote, as it does in gout."

"I, too, use colchicum in acute rheumatism, but not after this manner. I reserve it for special emergencies; and then I employ it with a trust and confidence which I have in no other remedy."

"When by venesection and by opium and calomel with purgatives, excess of vascular action, and fever and pain and swelling are abated, yet none of them are entirely abolished, but all still linger; or when pain and swelling do not subside at all in proportion to the abatement of vascular action and fever, which are considerably reduced, then I invoke the aid of colchicum, and give twenty or five-and-twenty minims of the wine of the seeds or the root, twice or thrice a day, and I often find the disease proceed uninterrupted to its cure."

"Again, when by the same ordinary course of treatment fever, pain, and swelling have been made to cease entirely, and have suddenly and unexpectedly returned, then I invoke the aid of colchicum, and give it in the same way; and a few doses are commonly enough to dissipate the returning disease, and restore the conditions of health. This is a pure case of relapse. The relapse, however, very seldom reaches the severity of the orginal attack.

Now on all such emergencies I have been accustomed to administer the remedy quite alone, uncombined with either alkali or opiate, so that the benefit which has resulted has been without question exclusively due to it; and not only exclusively due to it, but due to it purely as colchicum in virtue of that mode of action (whatever it be) which specifically belongs to it. For the cure has followed suddenly, and not waited for any intermediate operation of the remedy upon the stomach and bowels."

It does not appear from the foregoing extract that Dr. L. has been in the habit of administering the colchicum with that freedom which, in the hands of some other practioners, has proved in a high degree successful. That its efficacy is by some over-estimated, and that it should be given with discriminating caution, is no doubt true; but we are disposed to think that it posseses more value as a remedy in rheumatism than is accorded by the faint praise which Dr. L., bestows upon it.

So much for the treatment of rheumatism considered as a febrile disease complicated with inflammation of the joints, in which aspect alone, until of late years, it has been regarded. We come now to consider the *preventive treatment of rheumatic endocarditis and pericarditis.* These complications almost uniformly are preceded by the affection of joints for a greater or less period. They seldom appear at the commencement of the rheumatic attack. Cases, however, do occur occasionally, in which both take place consentaneously, and, indeed, Dr. L., has met with a few cases in which the inflammation of the heart took precedence of the arthritic affection. But in the vast majority of cases, if we attend them from the beginning, there is a certain period, a few days, or, at least hours, in which the complications under consideration are not yet developed. How can we pursue any special treatment to avert the occurrence? Dr. L., does not lay down any *special* means for this end. He thinks that the treatment, which, aside from these complications, is most judicious, will be most likely to be effectual as preventives. But he enjoins the importance of watching for the earliest indications of heart disease so as to determine the moment of its inception. The attrition or bellows' murmurs, or both, will furnish, of course, unequivocal evidences that this organ has become implicated; but even before the development of physical signs, according to Dr. L's experience, præcordial pain, excessive impulse, and irregular actions, alone or combined, render the occurrence of disease in the organ so certain, that it should at once influence our treatment. When these symptoms are prevented we may expect that they will shortly be followed by auscultatory, signs which will dispel all doubt; but we should not wait for the latter before resorting to measures which have reference to the condition of the organ in question. We quote passages which contains the pith of the practical precepts which Dr. L., inculcates.

"Bleeding, mercury, opium, the very remedies you used in acute rheumatism, are (I say) still your main reliance, when inflammation attacks the heart; but bleeding in different modes and measures, mercury directed to a totally different purpose, and opium given with more than one single intention."

"As soon as inflammation is known or suspected to have reached the heart, mercury must be given without delay. Or should mercury be already in use, as a remedy for acute rheumatism, with the intent of obtaining large evacuations from the bowels, it must at once have a new direction given to it. The irritation it has produced within the abdomen must by all means be pacified, and its constitutional impression must now alone be thought of, — that impression, of which salivation is the best evidence, of which (as far as we know) it alone, of all remedial substance, is properly and exclusively capable, and which, under favorable circumstances, is largely counteractive of inflammation."

"But inasmuch as that impression of mercury, or salvation, which is the best evidence of it, cannot be commanded within any given time, you must be content to administer it in the manner calculated for this purpose, and wait the event. For no judgment can be formed of its curative effect upon the disease until salivation arrives. And it may arrive in a day or two, or not until after several days, or after a week, or several weeks, or it may not arrive at all. You must give mercury, then, and wait until salivation come to tell you what it has done for the disease, or until it is fair to conclude there will be no salivation."

"With respect to venesection, if in acute rheumatism, any of those symptoms referable to the heart are present, which have been already mentioned, auscultatory or non-auscultatory, and especially if they have arisen under your own observation, or, though not under your own observation, if they be now present, and you have reason to believe that they have *recently* arisen, then should the pulse be found to have even a notable degree of that hardness which is deemed inflammatory, blood must be taken from the arm. Should there be any doubt about venesection, any misgiving whether the inflammatory hardness of the pulse is enough to require it, let it be employed nevertheless. There is greater hazard in omitting it wrongfully than in practising it wrongfully."

Local depletion by leeching or cupping is also recommended. Dr. L., prefers the cups, which he thinks are best applied between the left scapula and the vertebral column.

Opium will be useful to abate pain, and calm the nervous system as in cases of rheumatism without these complications, but more especially with them in order to restrain the cathartic operation of calomel, and promote a speedly salivation. In some cases a sudden agony will seize the heart, and, to use the language of the author, "the patient will feel and look as if he had received his death blow." It resembles spasms of the heart, and is, in reality, an attack of angina pectoris. Opium given in large doses is the proper and only remedy for this accident.

Finally, the author enforces the necessity of discriminating between the progressive inflammatory processes, and the evidences of disorder occasioned by the mechanical obstacles which result from the permanent effects of these processes upon the valves of the heart. It is only during the period occupied by the former that active treatment is called for, the latter are irremediable, and to continue the treatment because the signs of unsoundness of heart are present, would be useless and injurious.

Dr. L., devotes two lectures to the discussion of mercury as a remedy for inflammations in general, and afterwards resumes the subject of its special applicability to rheumatic pericarditis and endocarditis. He does not, however, present views which are new or original. He contends, in the first place, for the efficacy of this remedy in counteracting inflammatory action, or for (as he chooses to call it) its *anti-phlogistic* influence. His explanation of its *modus operandi* is, that "it constrains the morbid energy of the blood-vessels, and counteracts the powers by which the inflammation is carried on." This is a mere verbal explanation, conveying no definite ideas of the nature of the influence exerted. But this is all that in the present state of knowledge was to have been expected from an attempt to supply a rationale of its operation. He impresses the point, which is by no means peculiar to his instructions, that its efficacy is especially manifested in those forms and seats of inflammation in which the effusion of plastic lymph is the most characteristic event. Hence, in inflammation of the serous tissues it is particularly applicable, and in those rare varieties of mucus inflammations, which are of a diptheritic character, as croup. Hence, also, it is more especially adapted to those conditions of the system which are favorable to lymphatic euxdations, and is less suited to certain states, as scrofula, in which local inflammations are less likely to assume that character. In short, he considers, as do most modern practical writers, that in the anti-plastic properties of the remedy, its virtue, as an anti-phlogistic, chiefly resides. He illustrates this remarkable property by the instance of *iritis*, which is so often adduced for the same purpose, and no doubt furnishes a beautiful exemplification of its remarkable agency in some cases.

But in addition to the properties just refered to, mercury aids the restorative processes—processes instituted to restore parts from the effects of inflammation. It serves to remove the morbid condition in which parts, which have suffered acute inflammation, are left, and it causes the absorption of the morbid products of inflammatory action. This he distinguishes as the *reparatory* effects of the remedy.

Both these effects of mercury render it appropriate, and, in the view of Dr. L., peculiarly important in inflammatory affections of the heart. He advocates in the warmest terms its utility from the results of his own experience. The same view is taken by Dr. Hope, and, we presume, by most English as well as American writers. The French practitioners, however, it appears, following Bouillaud, do not adopt the mercurial practice, but trust to depletion alone. Dr. L., bases the evidence of the merits of the mercurial plan of treatment upon a comparison of the success which respectively obtains in the two countries. We give his own words on this topic:—

"These, moreover, are the cases in which foreign and English practice in the management of pericarditis may be fairly brought into comparison, and in which it may be seen where and how the one so often fails, and the other is so often successful."

"In foreign practice, no mercury is used from first to last, but all the power of common antiphlogistic remedies is brought to bear upon the disease; and thus its symptoms are mitigated or subdued: yet they return again and again, and are again and again mitigated or subdued. And so the patients are kept alive for a week or ten days, and then they die in the great majority of cases."

"In English practice, mercury is given from first to last. But it is for a long time as if it were not given at all, for it produces no sensible effect. Common antiphlogistic remedies, however, are able again and again to mitigate and subdue symptoms; and so at the end of a week or ten days the patients are still alive. Yet they are ready to die; but in the great majority of cases they do not die. Salivation arrives late, and seems to save them."

We are, of course, not prepared to say whether too much is assumed, on the one hand, in the foregoing comparison; or, on the other hand, whether injustice is done to the French practitioners. It is but fair to remind the reader that the writer is an Englishman, and that since he does not furnish statistics of cases treated on both sides of the British channel, his statement is to be received as *exparte* testimony. We do not say this in disparagement of the value which should be attached to Dr. Latham's extensive experience, nor in distrust of the alledged efficacy of the remedy in these and other inflammatory affections. Every practitioner has abundant occasion to witness remarkably curative effects from the administration of mercurials: but like all other active remedial agents, this is potent for evil, as well as benefit, unless directed with judicious discrimination, and regulated with prudent caution. The indiscriminate and excessive use of this mineral, in our view, has been productive of disasters, which, perhaps, have more than balanced its advantages; and we should have been better satisfied with Dr. Latham's lectures on the subject, if he had presented more freely and emphatically, the dangers to be apprehended from its injudicious administration, in connection with the considerations which enforce its usefulness and importance.

We will here leave the work for the present, intending to resume our analytical review in the next, or a subsequent number.

ART. 4.—*Sketch of the Proceedings of the National Medical Convention. Letter from the Editor.*

PHILADELPHIA, May, 4th, 1847.

MY DEAR H:—

As our readers will be desirious of having some account of the doings of the convention in the June No. of the Journal, and the official proceedings will probably not be published in season to be rendered available for that No, I purpose, agreably to our arrangement, to send you a few diurnal *jottings*, endeavoring to embody the more important events which transpire during the session, with some notice of incidental matters pertaining to medical affairs in Philadelphia, which may appear to possess interest or novelty. My time will be so constantly occupied that what I write will necessarily be scribbled very hastily, and will doubtless need the fullest indulgence that our readers can bestow, alike for faults of omission and commission.

We arrived yesterday at 2¼ P. M., and proceeded, at once, to report at the Academy of Natural Sciences, the place selected for the meeting of the Convention. We found that several delegates had preceded us. We registered our names, and received a printed ticket which serves as a card of admission to the Hospitals, Colleges, and various other public institutions of the city. The committee of arrangements appointed by the delegates from Philadelphia were in attendance, and welcomed us with great cordiality.

A word or two respecting the place of meeting. The Academy of Natural Sciences is an association for the promotion of objects connected chiefly with Natural History. Their edifice embraces a lecture room, library, and museum—the latter constituting much the greater portion of the building. The Library is said to be the best in the country relating to subjects of Natural History. Their Museum is probably by far the most complete and valuable. The ornithological collection is especially extensive, and is perhaps the largest in any country. The department of comparative anatomy presents a goodly number of preparations. I observed some very large and valuable fossil remains. But not the least interesting was the cabinet of skulls collected by Dr. Morton, numbering nearly a thousand specimens, and embracing heads of all nations, ages and historical epochs. Upon an analysis of this vast collection Dr. Morton bases the classification and deductions contained in his splendid work. The Academy of Natural Science was originated by young men, and has received munificent contributions from some of the opulent friends of the objects for which it was instituted. Among the latter class is a present member, Dr. Wilson, who has enlarged the edifice entirely at his own expense, contributing some ten thousand dollars for that purpose, besides depositing the ornithological collection, and making other additions to the museum of various rare and costly specimens. The fossils, already referred to, have been lately contributed by Dr. Wilson. How wise and judicious, as well as generous, appears this method of investing a portion of superabundant wealth, when contrasted with that miserly hoarding which only contributes to the anxiety of the possessor, and perhaps inflicts upon heirs the greatest misfortune which could befal them! What glorious results for science, and for humanity, were attainable, if they who have been prospered in the accumulation of riches more generally appreciated, not only the benefits which they are able to confer upon society by liberal contributions to scientific objects, but the honor and satisfaction which they might therefrom derive!

Through the politeness of some of our friends, Dr. B. and myself attended last evening one of the medical clubs of the city. Several associations under this title exists here. The one at which we were present numbers some twenty or thirty members, meetings being held weekly at their houses in rotation. The meetings are entirely informal, every one coming and going, without ceremony, according to their conveinence or inclination. Medical subjects are not discussed except as matters of conversation. A simple entertainment is provided, and the meetings are, in fact, chiefly for the cultivation of social intercourse. We passed a delightful evening. meeting several, whom we had long known from their professional writings, and with whom it was a great satisfaction to form personal acquaintance.

If there be any one means of which our profession is to be especially elevated and improved, in my humble opinion, it is by cultivating among ourselves friendly relations; but as I have written on former occasions so much on this topic, I will not amplify upon it now. Let physicians know each other, look upon each other as brethren, and cultivate habits of amity and social intercourse, and there will be less, if not little need of codes of medical ethics, or of national conventions to reform abuses and elevate the character of the profession.

We visited (I use the plural *we*, not in an editorial sense, but as embracing my worthy coleague Dr. B., and myself) this forenoon by the polite invitation of Dr. Fox, the surgeon now on duty, the institution known as *Wills' Hospital.* This is a charity for indigent blind and lame, and owes its origin to the bequest of the entire property of James Wills, a citizen of Philadelphia. The original sum bequeathed was about one hundred thousand dollars, of which about one half was expended in the purchase of the ground, and the erection of the present edifice. The portion unexpended yields an income of somewhat more than three thousand dollars, which goes to sustain the institution. It has, however, received aid from other individuals. The fund was placed by the testator under the control of the city authorities, who are the managers of the Hospital. It went into operation in 1832. The building is a neat structure of red granite, 80 feet front by 50 deep, and will accommodate about 70 patients. Four Physicians, and the same number of Surgeons, are annually appointed, who render their services gratuitously. The care of the patients devolves chiefly upon the surgeons. Nearly all now in the institution, amounting to forty or fifty, are cases of ophthalmic diseases, illustrating some of the most interesting of the varieties and different phases of these diseases. Cleanliness and good order (two cardinal points in the successful management of all such charities) are, apparently, fully carried out at this institution. The names of the surgical officers are sufficient guarantees that patients admitted there receive the advantages of the most approved principles of treatment skillfully applied..

Wednesday, 3*rd.*—At the hour appointed for the meeting of the convention, (10 A. M.) a large concourse of members and spectators had assembled, and I trust the remark is excusable, (as these notes will meet the eyes of some unprofessional readers) that my first sentiment was one of admiration of the *ensemble* which the convention presented. In respectability and dignity of aspect, and the indications of intellectual and moral qualities of superior order which are delineated in physiognomy, this convention will not suffer by comparison with any other public body. Said Prof. M., who sat near me ,"I have been a poor doctor all my life, and never realized 'till now the high respectability of the body of which I am a member." I fervently hope that the proceedings of the convention will not in any measure fail to confirm there first impressions.

The meeting was called to order by Dr. Hays, who moved that Dr. J. Knight, of New Haven, the president of the last convention, take the chair, and the former secretaries resume their seats until permanent officers are elected. The motion was carried, and at once acted upon. A committe of five were appointed to receive credentials, and report the names of accredited delegates. This committee shortly reported that all but six states of the Union were represented. The states not represented are, Maine, North Carolina, Iowa, Florida, Texas and Alabama.

The election of officers next came up, the convention deciding to elect a president, four vice presidents and three secretaries. A nominating committee, consisting of one delegate from each state represented, was appointed by the chair to present suitable names for these offices. After a short conference the following persons were selected, and unanimously chosen:—

President.—Dr. Knight, of Connecticut.

Vice Presidents.—Drs. A. H. Stevens, of New York; Wood, of Philadelphia; Carpenter, of Louisiana, and Buchanan, of Ohio.

Secretaries.—Drs. Stille of Philadelphia; Arnold of Georgia, and F. Campbell Stewart, of New York.

Various resolutions were submitted respecting inviting and admitting members of the Profession to participate in the convenvention who were not present as delegates. They were all negatived with exception of an invitation to medical officers of the Army and Navy.

The convention next proceeded to hear the reports of the several committees appointed at the previous convention, taking them up in the order in which they were appointed.

The first was of the committee appointed to report a plan of organization for a *National Medical Association,* Dr. Watson, of N. Y., Chairman. The report having been read, was ordered to lie on the table, in order to be printed for the use of the members. The same action was had on the other reports. I will defer any account of their features, recommendations, &c., until the convention takes action upon them. The committee (Dr. Griscom chairman) to consider the expediency and mode of procuring the registration of deaths, births and Marriages by the several State Governments, next reported an address which was submitted in order to be printed, and (if accepted) extensively circulated. The convention now adjourned to meet at 7, P. M. At the evening session, after receiving letters inviting the convention to visit the house of refuge, and the deaf and dumb asylum, the reception of reports from the committees was resumed.

Dr. Haxall, chairman of committe on an uniform standard of requirements for a degree, presented a report.

The committee on preliminary education, reported by their chairman, Dr. Couper.

Dr. Bell, chairman of committee, submitted a code of medical ethics.

The convention then adjourned to assemble at 9 A. M., to-morrow.

Thursday, 6*th.*—Convention assembled at 9 A. M. The names of several new delegates were reported, the whole number now present amounting to two hundred and twenty-nine. Invitations were received to visit the institution for the education of the blind; and from members of the Medical Faculty of Baltimore to meet at that city in 1848. Several resolutions on various subjects were submitted, which were ordered to lie on the table, except those inviting to a seat in the convention, without the privilege of voting, Prof. Thomas Spencer, of Geneva, N. Y., and Prof. Robert Hare, of Philadelphia, both gentlemen being accidently present.

The report of the committee on an uniform system of nomer ture of diseases was heard, received, and ordered to be pri for the use of the members.

Two reports, by different portions of the committee, on the ject of separating the business of licensing and teaching, and c mitting the former to central boards of examiners in each st were presented; one by Prof. M'Naughton, of N. Y., the o by Dr. Isaac Parrish, of Philadelphia. They did not differ m rially in the views or resolutions embraced, and were both ord to be printed for the use of the members.

The convention then proceeded to consider the report and r lutions on prelimenary education, which, after the suggestio many amendments, and considerable discussion, were adopted the change of a single word only.

The convention at this stage of its proceedings adopting a r lution permitting members to speak but twice on the same sub and to occupy not more than ten minutes at any one time wit consent of the convention. Adjourned at 12½, P. M., to meet a at 5 P. M.

Convention met at 5 P. M., and proceeded to take into co eration the resolutions reported by the committee on requirm for a degree. The most important feature of these resolutions the extension of the lecture sessions of medical schools to months. This occasioned lengthened discussion, but was fi adopted. The other resolutions were adopted with a slight am ment to one of them, and an additional one supplied, enjoining faculties of medical schools to take some effective measure enforce regular attendance upon lectures. The discussions these resolutions occupied the whole afternoon session, and convention adjourned to meet at 9 A. M. to-morrow.

We visited this afternoon the Pennsylvania Hospital for the sane, located two miles west of the city. This is a branch of Pennsylvania Hospital. It has been in operation since 1840, ha been from the commencement under the superintendence of Thos. S. Kirkbride. The Hospital is finely located, having ex sive and comfortable accommodations, with finely cultivated grou Every thing, within and without, denotes system, cleanliness, fort and taste. There are now at the institution 192 patients, forty of whom, only, are paupers. The charges are three dollars for patients from the state of Pennsylvania, and five dollars from other states. A large proportion are from the Southern States.

On our return route we stopped for a few moments at the Alms House, Blockley, styled, not inappropriately, the *pauper palace.* It is a huge establishment, consisting of several buildings enclosing a hollow square, and covering a very large area. It contains fifteen hundred inmates, about four hundred of whom are on the sick list. We did not remain sufficiently long to examine the establishment throughout, but the impression which I derived, was, that it is alltogether too extensive for the complete accomplishment of its objects, and that as regards ventilation, and comfortable accommodations for its inmates, the arrangements are by no means entirely satisfactory. I was suprised to learn that medical students have been of late excluded from this great field of instruction in clinical medicine.

Friday 7th.—Convention assembled at 9 A. M. A resolution was adopted inviting the venerable Dr. Coxe to take a seat in the convention. Dr. Coxe shortly entered the hall, was received with marked respect, and seated with the vice presidents.

An amendment to the report on the requirements for degrees was adopted, striking out a passage requiring each course to embrace one hundred lectures.

Several resolutions on various subjects were presented by different members, but ordered to lie on the table, the convention being disposed to proceed with the regular business, viz: the consideration of the reports of the committees.

The report on the organization of a national association was taken up.

Dr. Isaac Hays submitted an amendment providing that the association should consist of all members of the medical profession in good standing throughout the country, instead of being limited to appointed delegates. The object of the amendment was to secure the advantages of a distinct line of demarkation between regular and irregular practitioners. This proposition called out an extend-

ed discussion, but the plan of the committee was sustained b
decisive vote of the convention. The report was then adopted.

The report on medical ethics, after some discussion upon seve
proposed amendments, was adopted, with a few alterations of phra
ology.

The report on registration of births, marriages, and deaths
adopted without discussion.

A resolution approving of the objects of the Sydenham Soci
was adopted.

The report on the Nomenclature of diseases being called up,
referred to the committee on Medical Education to be appoin
under the new organization.

The subject of the separation of licensing and teaching n
came up, and remarks were made by several members support
various amendments and resolutions. The subject was, at leng
disposed of, by the adoption of a resolution referring the t
reports made to the convention to the committee on Medical E
cation, with instruction to report at the next annual meeting of
American Medical association. The convention now adjourne
5½ P. M.

At the evening session, a variety of resolutions on various to
were presented, most of which were laid on the table.

A resolution was passed returning thanks to the officers
directors of the various institutions from whom invitations
been received; to the committee of arrangements on behalf of
Philadelphia delegation, and to the medical profession of the
generally for their kindness and hospitality.

A resolution of thanks to the officers of the convention
passed, also a resolution recommending the medical profession
unite in endeavoring to procure laws legalising, and providing
the prosecution of dissections in States where such laws do
exist.

After resolving that all unfinished business be referred to
American Medical Association about to be organized, it was mo
and carried, that the convention resolve itself into the *Ameri
Medical Association*, and that the officers of the convent

continue to act as officers of the association until others are elected.

A committee consisting of one member from each state represented, was appointed to nominate officers of the association for the ensuing year. After a short recess, the following names were submitted by the committee:—

President.—Dr. N. Chapman, of Pennsylvania.

Vice Presidents.—Dr. Knight, of Connecticut; Dr. A. H. Stevens, of New-York; Dr. Buchanan, of Tennesee; Dr. Moultrie, of South Carolina.

Secretaries.—Dr. Stille, of Pennsylvania; Dr. Dunbar. of Maryland; Dr. F. C. Stewart, of New-York.

Treasurer.—Dr. Isaac Hays, of Pennsylvania.

The foregoing ticket was unanimously elected by ballot. The officers on being apprized of their election by a committee appointed for that purpose, took their seats, and the venerable President elect returned his acknowledgements of the honor conferred on him in a few happy and impressive remarks.

On motion it was resolved to acept the invitation of the Baltimore delegation to hold the next annual meeting of the American Medical Association in that city, after which the association adj.

I have intended in this letter to give a brief synopsis of the more important of the proceedings of the convention. Some resolutions which were adopted by the convention, I find, on reviewal, I have omitted: these I will take occasion to present to our readers when the published proceedings appear. The publication of two thousand copies of the proceedings was ordered, and the expense of publication, together with other expenses, provided for by an assessment of three dollars on each member of the convention.

I reserve some reflections upon the eventful occasion which has just terminated for another time and place.

Very truly, Yours,

F. H. H. EDITOR.

Editor ad interim.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRE

Reports of the Committees appointed by the National Me Convention of 1846, *which were adopted by the Conventic* 1847.

We shall yield our Eclectic Department entirely to the pub tion of the reports above referred to, believing that we shall meet the wishes of our readers. Although the official proceec published by the association will contain them, it will probabl some time before that work will be issued, nor will it be likel reach a large portion of the subscribers to our Journal. The re containing the code of Medical Ethics is necessarily excludec reason of its length, but it is our present intention to publish also in some future number. It is quite needless, we feel assu to commend these reports to the careful perusal of the profes —Editor Buf. Med. Jour.

Report on an Uniform and elevated Standard of Requirements the degree of M. D.

Resolved,—That it is desirable that a uniform and elevated st ard of requirements for the degree of M. D. should be adopte all the Medical Schools in the United States; and that a comm of seven be appointed to report on this subject, at a meeting t held in Philadelphia on the first Wednesday in May, 1847.

Committee.—Drs. Haxwell, Cullen, of Richmond; S. A. Pa son, Manchester, Va.; A. Flint, Buffalo, N. Y.; J. Perkins, Ca ton, Vt.; J. A. Wing, Albany, N. Y.; Geo. W. Norris, Phil phia.

The committee under the fourth resolution of the conver which assembled in New-York in May, 1846, and which ha its object the adoption of a uniform and elevated standar requirements for the degree of M. D., have had the same u consideration, and beg leave to offer the following Report.

[We omit a portion of this report, not because it is irrelev but because it does not bear directly on the resolutions submi and it is necessary to economize space.—Ed. Buf. Jour.]

In order to obtain a knowledge of the requirements dema by the various schools of the country, a letter was addresse all whose existence was known to your committee, requesting them to furnish the desired information. These consisted of thirty three in number; and answers were received from nineteen, being a fraction more than one-half. In the majority of instances pamphlets were forwarded to the chairman, containing the rules and regulations of the college, together with the branches taught; while from others, letters were received simply stating that two full courses of lectures were demanded, that the candidate must be twenty-one years of age, of good moral character, &c., From this correspondence but little available information was derived. A circular was then dispatched to the different colleges propounding the following qustions, answers to which were respectfully solicited. Nineteen of these circulars were filled up and returned.

State *1st.* The number of students during the session of 1845–6
2d. The number of graduates in 1845–6.
3d. The number of charity pupils in 1845–6.
4th. The number of professors attached to your shool.
5th. The date at which lectures begin and end.
6th. The requirements for a degree.
7th. Is the inquiry made previous to examination, whether or not these requirements are fulfilled?
8th. Is any evidence of having attended a course of clini
instruction necessary to graduation?
8th. Is it required of candidates for graduation that they shall have devoted any time to dissection?

The responses to these several questions have been arranged in tabular form, from which the result of the whole correspondence may be ascertained at a glance, and which your committee beg leave to lay before this Convention, as a part of this report. We cannot avoid the expression of our regret, that so many of the colleges have failed to respond to our circular, not, we hope, from a listless indifference to the subject, or a determination not to abide by the recommendations of this body. Information was also requested from the proper authorities in regard to requirements of surgeons in the army and navy of the United States; but no reply has been received from them.*

In summing up the information obtained from the nineteen colleges named in the table, in the order in which the questions were proposed, it will be found that the number of students belonging to these institutions during the session of 1845–6, amounted to 2544, including 31 non-paying pupils; and that the number of graduates was 730:—the number of professors varies from *three* to *eight.* It may be proper to remark that the lowest number here named is attached to the University of Virginia, where the usual branches of medical education are taught, and where the term of study extends throughout the period of *nine* months. If we exclude this institution from our table, the minimum is *five* and the maxinum is *eig* The time employed in lecturing also varies; *thirteen* weeks bei the shortest, and *eighteen* the longest period. *Sixteen* weeks, ho ever, are devoted to the lectures, in a large majority of the schoo The requirements for the degree of M. D. appear to be ve general;—the candidate must be twenty-one years of age;— moral character good;—his examination satisfactory;—his the passable, and he must have attended two full courses of lectures, be included within the period of three years' study. In some the schools a practice of four years, and an attendance on one cour of lectures, is sufficient to entitle the individual to an examinatio Branches are taught in some institutions which are omitted in ot ers, and the manner in which these are distributed is by no mea uniform. It appears without exception that the inquiry is ma previous to examination whether or not all the requirements ha been fulfilled, and in some cases unquestionable proof of the fa must be adduced. Evidence of having attended a course of cli ical instruction is required in *twelve* of the colleges, while in *sev* it is not; and as to dissection, *five* render it obligatory, and t remaining *fourteen* are content to urge its recommendation.

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* A reply was subsequently received and appended to the report in a note.

Such, then, is the information which the committee, after dilige inquiry, is enabled to lay before this body. It would have been matter of some importance to have received answers from all t schools, for in that case an account entirely accurate of the wh number of students in the United States would have been c tained. It will be seen that the nineteen colleges which no ced our circular, report the aggregate number to be 2544; a if it be proper to assign the same ratio to the fourteen which d not, the whole number of students during the session of 1845– will be found to be 4418 and a fraction. We believe this to be very fair statement, for several statistical tables published fro time to time in the journals, have varied but little from this amour and if we extend the same rule to the classes of graduates, v reach the conclusion that a fraction less than 1300 were added the already existing number of physicians, in the spring of 184

The very large number of physicians in the United States, number far larger in proportion to its population than in any oth country perhaps of which we have a correct knowledge, has fr quently been the subject of remark. To relieve the diseases something more than twenty millions of people, we have an arn of Doctors amounting by a recent computation to forty thousan which allows one to about every five hundred inhabitants. And we add to the 40,000 the long list of irregular practitioners w swarm like locusts in every part of the country, the proporti of patients will be still further reduced. No wonder, then, that t profession of medicine has measurably ceased to occupy the elev ted position which once it did; no wonder that the merest pittanc in the way of remuneration is scantily doled out even to the mo industrious in our ranks,—and no wonder that the intention, at one time correct and honest, will occasionally succumb to the cravings of a hard necessity. The evil must be corrected. With a government like ours, to diminish the number of medical schools is not to be expected; and the corrective can alone be found in the adoption of such a standard of requirements, in the general estimate of which the recommendations of this committee will form but an item, as will place the diploma beyond the reach of those who seek to wear its honors without deserving them.

The shortness of the time allotted to the delivery of Lectures, we believe to be an evil of no small magnitude. It is next to an impossibility, that the strongest intellect can receive and well digest some half a dozen discourses or more a day, embracing subjects which have oftentimes little or no immediate connection with each other. The mind becomes wearied with the multiplicity of its occupations, and the thoughts of to-day are forgotten in the constantly recurring and harassing duties of the morrow. A proper allotment of time cannot be given to that deep reflection which the importance of the subject demands, and without which no solid advancement can be made. There are individuals, too, who do not always rest satisfied with professorial prelections, who approve in its fullest extent the adage, "nullius addictus jurare in verba magistri," and who seek in the recorded experience of others, the widest extent of information. Nor can Teachers themselves, with every disposition to impart the fullest instruction, do justice to their several branches within the limited period of four months. For this reason, the examination which may, indeed, test the actual acquirement of the student, can never embrace an extensive field of knowledge. Under the present regulation this cannot be expected; for justice to the pupil must prevent an inquiry into subjects in which he has never been instructed.

In regard to the branches to be taught, it is not improbable that the recommendation of the Committee may not meet the views of some of the members of this Convention. It may be thought that others should have been added, and that consequently the number of Professors should have been considerably augmented. This subject was freely canvassed by the Committee, and the opinion was general that in the commencement of our effort to reform the existing condition of things, too high a standard of requirement ought not to be immediately insisted on. The conclusions to which this Convention may come upon any subject, cannot be forced upon the schools contrary to their wishes. In the advice of this body there exists, however, a moral power which it would be unwise to disregard, a power which, while it seeks to elevate medical requirement, should not impose a single requisition which is not entirely practicable. Besides, it is to be recollected that the decrees of this Convention need not be final and unalterable, The National Medical Association, contemplated under the first two resolutions adopted at the meeting in May last, which it is to be hoped will convene from time to time in different parts of the country, can legitimately exercise the same influence which we now seek to do; and when in after time it may be deemed advisable to add new subjects of instruction, it will not hesitate to express its opinion. Under this view of the matter, your Committee advise that lectures be given on the following branches, in all the Colleges: viz., on the Theory and Practice of Medicine; the Principles and Practice of Surgery; General and Special Anatomy; Physiology and Pathology; Materia Medica; Therapeutics and Pharmacy; Midwifery, and Diseases of Women and Children; Chemistry and Medical Jurisprudence.

These subjects, it is true, are now taught in the majority of our schools. With a lengthened period for teaching, a double advantage will be gained; a wider extent of information may be imparted to the student, while his time will be occupied with fewer lectures during the day. As to the appropriation of the several branches, it is deemed inexpedient to make any suggestion, as the circumstances of each Institution may be such as will necessarily lead to a different arrangement in this particular.—It is believed, however, that a slight augmentation in the number of Professors will become necessary.

In regard to clinical instruction, your Committee would willingly have made it a requisition to the attainment of the diploma; but an insuperable difficulty seemed to exist. It is believed that few of the Colleges have Hospitals attached to them, and in very many instances where such Institutions exist in the cities, the Professors do not receive the appointment of attending Physicians and Surgeons. Consequently, the opportunity is lost to them of imparting such instruction as would be valuable to the student.

We cannot, however, close this portion of our report, without urging the very great importance of clinical instruction. Many a young man has entered upon the duties of his profession, sufficiently instructed, it may be, in its principles, who has most painfully felt the responsibility of his position. In default of a certain degree of practical knowledge, indecision must often fetter his efforts to the detriment of his patient, and that self-confidence, which can alone restore serenity to his mind, must be purchased by a long period of perplexing doubt. During the pupilage of the student, he should lose no opportunity of witnessing cases of disease wherever they are to be found. Instructors themselves, should esteem it their highest duty to introduce their pupils to the bedside of their patients in all cases where propriety will admit of it. The Hospitals, Penitentiaries, and Poor-houses, found in so many of our towns and cities, will furnish from time to time, cases of every description, while the pauper practice of the country will prove no indifferent means of imparting clinical information. Instruction gained from these sources in free and familiar conversation with the Preceptor, will perhaps be of more avail than any other; for the large number of Students who occasionally throng the Wards of the Hospital, render it impossible for each one to obtain a correct knowledge of the cases presented to him. We do not intend by this remark to convey the idea that information given in this way would be valueless. On the contrary, when properly conducted, it may be made productive of the greatest good. Let the Professor daily analyze the symptoms which arise in every case; have them carefully noted down in his ward-book, together with his prescriptions, and at its termination let him review the whole ground, aided by a post-mortem examination if it result unfavorably, and he will impart instruction which is truly valuable.

It will be seen that only five of the colleges insist upon dissection as a requisite to graduation. Your committee accord in the opinion, that all should render it obligatory upon the student to devote some portion of his time to this needful pursuit. To enter into an argument to prove its absolute necessity, not only to the surgeon, but also to the physician, would be a work of supererogation. We therefore offer without further remark, the following resolutions for the adoption of this Convention:

Resolved, 1st. That it be recommended to all colleges to extend the period employed in lecturing, from four, to six months.

2d. That no student shall become a candidate for the degree of M. D., unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon lectures.

3d. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

4th. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M. D., or not.

5th. That the several branches of medical education already named in the body of this report, be taught in all the colleges; and that the number of Professors be increased to seven.

6th. That it be required of candidates that they shall have *steadily* devoted three months to dissections.

7th. That it is incumbent upon Preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon Medical Colleges to show that they have attended upon Hospital practice for one session whenever it can be accomplished, for the advancement of the same end.

8th. That it is incumbent upon all schools and colleges granting Diplomas, fully to carry out the above requisitions.

9th. That it be considered the duty of Preceptors, to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.

All which is most respectfully submitted.

May 1847. RO. W. HAXALL, *Chairman*.

Report of Committee on Preliminary Education of Studen Medicine.

The duty entrusted to the Committee was "To report on standard of acquirements which should be exacted of young before being received as students of medicine."

Before attempting to perform this duty, the Committee tho it desirable to ascertain, by inquiries addressed to the me schools and distinguished practititioners of medicine throug the Union, the sentiments and practice of the profession on interesting subject. They, accordingly prepared a circular, object of which was to ascertain the views of the various Me Schools in regard to the standard of preliminary education w it is proposed to exact of young men about to commence the st of medicine; and also to invite any suggestions they might t proper to make. Copies of this circular were sent to the (t thirty-six Medical Schools of the United States, and official re have been received from six of this number; namely, the Med Department of the University of Pennsylvania, the College of P sicians and Surgeons in the city of New-York, the Medical Ins tion of Yale College, Ohio Medical College, Albany Medical lege, and the Medical Faculty of Dartmouth College. These i tutions are desirous of having a standard established, and the C mittee do not doubt that they, as well as others, will cheerf co-operate with the Convention and the profession in this desira reform.

Another circular was addressed to distinguished medical pra tioners residing in all the States and Territories of the Uni soliciting replies to the following questions.

1. Is it the custom of your State or neighborhood to require young men, who desire to study medicine, any particular amoun preliminary education?
2. If so, what are the details of your standard?
3. By what authority, whether of a State Medical Socie local Association, or common consent, is this standard establish
4. What may be considered the general sentiment of the prof sion in your vicinity, in regard to the establishment of such a sta ard as is contemplated in the 5th resolution of the National Medi Convention of May, 1846?

The Committee have been favored with very full and expli answers to this circular from thirty-nine gentlemen, representi twenty-one States of the Union. The replies which have be received to the first three questions, establish the fact, not on that there is no uniform standard preparatory educution exacted medical students throughout the United States, but that there is general rule adopted in any particular state or district, which h been authorized or recommended by Medical Societies or oth official bodies, or established by common consent and custom. T whole subject is left to private preceptors, many of whom recon mended, and a few exact, an elevated standard, while others leave it to the direction of the students themselves, or their parents. But all the letters of the practitioners indicate, without an exception, the cheering fact, that the profssion is alive to the want of a standard, is desirous that one should be established by the Convention, and is willing to sustain it.

The fourth question was designed to elicit the general sentiment of the profession in regard to the nature and extent of the preliminary education which should be required of medical students. On this subject, the correspondence shows a considerable diversity of opinion; and the standard of different writers varies from a "common school" education up to the highest collegiate attainments. Some advocate a different scale in different sections of the country, while a majority is in favor of having the standard uniform throughout the Union. And, notwithstanding the individual difference of ideas, there is a sufficient general concurrence in the views of the writers to enable the Committee to recommend a scale which is chiefly based upon their united suggestions.

Your Committee are aware of the difficulties the Convention would discover in fixing the standard of preliminary education for medical students as high as would be desirable. Entirely destitute of the means of legal compulsion, and depending for success, as the Convention must, solely upon the force of professional and public opinion, nothing could be hoped from a standard above the circumstances of the country and the times. The existing evil can be reached only by the concurrent action of private medical preceptors, and medical schools of the country. The chief responsibility rests with the preceptors; and to them the Convention should make its strongest appeal; but at the same time they should be encouraged and sustained by the co-operation of the schools, without which, indeed, the efforts of preceptors conld be but partially successful.

The object to which the Committee has directed its labors, it is believed, can be best effected by the Convention in the following way:—

1*st.* By establishing a uniform standard of preliminary education for medical students, which shall be of a moderate character — in the first instance, too low, rather than too high—and yet of such extent as will insure both the knowledge and the mental discipline necessary to those who would enter a profession full of labor and responsibility, without excluding meritorious young men of limited means and opportunities.

2*d.* By earnestly recommending every medical preceptor to exact this standard of every young man, before admitting him into his office; and having exacted it, to grant him a written certificate to that effect, specifying also the period of his admission into the preceptor's office, as a proper warrant and credential for the student, when about entering a medical college.

3d. By requesting all the medical colleges of the country to require such a certificate of every student applying for matriculation; and, in publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented as certifying to the qualification of preliminary education.

These ideas the Committee have put into the form of distinct resolutions, which they append to their report, submitting both for the consideration of the Convention, and, if it think proper, its adoption.

1st. *Resolved,* That this Convention earnestly reccommends to members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or the written certificate of competent persons, before receiving young men into their offices as Students. that they are of good moral character, and that they have acquired a good English education, a Knowledge of Natural Philosophy and the Elementary Mathematical Sciences, including Geometry and Algebra; and such an acquaintance, at least, with the Latin and Greek languages, as will enable them to appreciate the technical language of medicine, and read and write prescriptions.

2d. *Resolved,* That this Convention also recommends to the members of the medical profession of the United States, when they have satisfied themselves that a young man possesses the qualifications specified in the preceding resolution, to give him a written certificate, stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the medical college in which he may intend to pursue his studies.

3d. *Resolved,* That all the medical colleges in the United States be, and they are hereby recommended and requested to require such a certificate of every student of medicine applying for matriculation; and when publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented as certifying to the qualification of preliminary education.

Signed by
JAMES COUPER,
L. P. BUSH,
JAMES W. THOMPSON, } Committee.
ALDEN MARCH,
WASHINGTON L. ATLEE,

Report of the Committee on the Organization of the National Medical Association, as ordered by the National Medical Convention held in the city of New-York in the month of May, 1846.

The Medical Convention held in the city of New-York, in May last, having resolved, "That it is expedient for the Medical Profession of the United States to institute a National Medical Association," and having appointed a committee of seven, consisting of Drs. John Watson, John Stearns, and F. Campbell Stewart, of the city of New-York; A. Stille, of Philadelphia; N. S. Davis, of Binghamton, N. Y.; W. H. Cogswell, of Plainfield, Conn.; and E. D. Fenner, of New-Orleans, "To report a plan of organization for such an association, at a meeting to be held at Philadelphia, on the first Wednesday in May, 1847;" the said committee, after carefully deliberating on the business entrusted to them, beg leave respectfully to Report.

Plan of Organization for a National Medical Association.

Whereas, the Medical Convention, held in the city of New-York in May 1846, have declared it expedient "for the Medical Profession of the United States to institute a National Medical Association;" and,

Inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the Medical Profession in this country, must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here, for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor, and interests of the Medical Profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it;—therefore

Be it resolved, in behalf of the Medical Profession of the United States,—that the members of the Medical Convention held in Philadelphia, in May, 1847, and all others who in pursuit of the objects above-mentioned, are to unite with, or succeed them, constitute a National Medical Association;—and that, for the organization and management of the same, they adopt the following Regulations.

I. Title of the Association.—This institution shall be known and distinguished by the name and title of "The American Medical Association."

II. Members.—The members of this institution shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States; and shall hold their appointment to membership either as delegates from local institution, as members by invitation, or as permanent members.

The delegates shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing, in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the association.

Each local society shall have the privilege of sending to the a ciation one delegate for every ten of its regular resident memb and one for every additional fraction of more than half of number. The faculty of every regularly constituted medical lege or chartered school of medicine, shall have the privilege sending two delegates. The professional staff of every charte or municipal hospital containing a hundred inmates or more, s have the privilege of sending two delegates; and every other | manently organized medical institution of good standing shall h the privilege of sending one delegate.

The Members by Invitation shall consist of practitioners of re table standing, from sections of the United States not otherv represented at the meeting. They shall receive their appointm by invitation of the meeting after an introduction from any of members present, or from any of the absent permanent memb They shall hold their connection with the association until the c of the annual session at which they are received; and shall entitled to participate in all its affairs, as in the case of delegate

The Permanent Members shall consist of all those who h served in the capacity of delegates, and of such other member may receive the appointment by unanimous vote.

Permanent members shall at all times be entitled to attend meetings, and participate in the affairs of the association, so l as they shall continue to conform to its regulations; and when in attendance, they shall be authorized to grant letters of introd tion to reputable practitioners of medicine residing in their vicin who may wish to participate in the business of the meetings, provided for members by invitation.*

Every member elect, prior to the permanent organization of annual meeting, or before voting on any question after the meet has been organized, must sign these regulations, inscribing his na and address in full, specifying in what capacity he attends, and a delegate, the title of the institution from which he has recei his appointment.

III. Meetings.—The regular meetings of the Association sh be held annually, and commence on the first Tuesday of M The place of meeting shall never be the same for any two years succession. and shall be determined for each next succeeding ye by vote of the Association.

IV. Officers.—The officers of the Association shall be a Pre dent, four Vice Presidents, two Secretaries, and a Treasur They shall be nominated by a special committee of one meml from each state represented at the meeting, and shall be elected vote on a general ticket. Each officer shall hold his appointme for one year, and until another is elected to succeed him.

The President shall preside at the meetings, preserve order a decorum in debate, give a casting vote when necessary, and pe form all the other duties that custom and parliamentary usage may require.

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*By an amendment adopted, permanent members are not permitted to vote.

The Vice Presidents, when called upon, shall assist the President in the performance of his duties, and, during the absence, or at the request of the president, one of them shall officiate in his place.

The Secretaries shall record the minutes, and authenticate the proceedings, give due notice of the time and place of each next ensuing annual meeting, and serve as members of the Committee on Publication. The Secretary first in nomination shall also preserve the archives and unpublished transactions of the Association.

The Treasurer shall have the immediate charge and management of the funds and property of the Association. He shall be a member of the Committee on Publication, to which committee he shall give bonds for the safe keeping, and proper use, and disposal of his trust. And through the same committee he shall present his accounts, duly authenticated, at every regular meeting.

V. Standing Committees.—The following Standing Committees, each composed of seven members, shall be organized at every annual meeting, for preparing, arranging, and expediting business for each next ensuing year, and for carrying into effect the orders of the Association not otherwise assigned—namely, a Committee on Arrangements, a Committee on Medical Sciences, a Committee on Practical Medicine, a Committee on Surgery, a Committee on Obstetrics. a Committee on Medical Education, a Committee on Medical Literature, and a Committee on Publication.

The Committee on Arrangements shall, if no sufficient reasons prevent, be mainly composed of members residing in the place at which the Association is to hold its next annual meeting; and shall be required to provide suitable accommodations for the meeting, to verify and report upon the credentials of membership, to receive and announce all essays and memoirs voluntarily communicated, either by members of the Association, or by others through them, and to determine the order in which such papers are to be read and considered.

The Committee of Medical Sciences shall prepare an annual report on the progress of Medical Sciences in America, noticing, as occasion may require, the more important improvements and discoveries in Anatomy, Physiology, Hygiene, General Pathology and Therapeutics, Medical Jurisprudence, Materia Medica, and other branches of natural science, bearing directly on the condition and progress of medical knowledge in America, during the year of their service.

The Committee on Practical Medicine shall prepare an annual report on the more importont improvements effected in this country in the management of individual diseases; and on the progress of epidemics: referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service.

The Committee on Surgery shall prepare an annual report o the important improvements in the management of surgical dise effected in America during the year.

The Committee on Obstetrics shall prepare an annual repor all the important improvements in the Obstetric Art, and in management of diseases peculiar to women and children, effecte America during the year.

The Committee on Medical Education shall prepare an ann report on the general condition of medical education in the Uni States, in comparison with the state of medical education in ot enlightened nations; noticing, as occasion may call for, the cou of instruction, the practical requirements for graduation, the mo of examination for conferring degrees, and the reputed numbe pupils and of graduates at the several medical institutions in United States, during the year:—noticing also the requirement the United States Army and Navy Boards of Medical Examin the legal requirements exacted of medical practitioners in our se ral states, and all such measures, prospective or established reference to medical education and the reputable standing of profession, as may be deemed worthy of special consideration.

The Committee of Medical Literature shall prepare an ann report on the general character of the periodical medical publi tions of the United States, in reference to the more import articles therein presented to the Profession, on original Ameri medical publications, on medical compilations and compends American writers, on American reprints of foreign medical wo and on all such measures as may be deemed advisable for encou ging and maintaining a national literature of our own.

The Committee on Publication, of which the Secretaries Treasurer must constitute a part, shall have charge of prepar for the press, and of publishing and distributing such of the p ceedings, transactions and memoirs of the Association, as may ordered to be published. The six members of this Committee, w have not the immediate management of the funds, shall also their own names as agents for the Association, hold the bond the Treasurer for the faithful execution of his office, and shall an ally audit and authenticate his accounts, and present a statem of the same in the annual report of the Committee, which rep shall also specify the character and cost of the publications of Association during the year, the number of copies still at the dis sal of the meeting, the funds on hand for further operations, a the probable amount of the Assessment to be laid on each mem of the Association for covering its annual expenditures.

VI. Funds and Appropriations.—Funds shall be raised by Association for meeting its current expenses and awards from ye to year; but never with the view of creating a permanent inco from investments. Funds may be obtained by an equal assessme of not more than three dollars annually on each of the membe by individual voluntary contributions for specific objects; and by the sale and disposal of publications, or of works prepared for publication.

The funds may be appropriated for defraying the expenses of the annual meetings; for publishing the proceedings, memoirs, and transtions of the association; for enabling the standing committees to fulfil their respective duties, conduct their correspondence, and procure the materials necessary for the completion of their stated annual reports; for the encouragement of scientific investigations, by prizes and awards of merit; and for defraying the expenses incidental to specific investigations under the instruction of the association, where such investigations have been accompanied with an order on the treasurer to supply the funds necessary for carrying them into effect.

VII. Provision for Amendments.—No amendment or alteration shall be made in any of these articles, except at the annual meeting next subsequent to that at which such amendment or alteration may have been proposed; and then only by the voice of three-fourths of all the members in attendance.

And, in acknowledgment of having adopted the foregoing propositions, and of our willingness to abide by them, and use our endeavors to carry into effect the objects of the association, as above set forth,—we have hereunto affixed our names.

NAMES OF MEMBERS.	RESIDENCE.	INSTITUTIONS REPRESENTED.

In connection with the foregoing "Plan of Organization," the committee beg leave further to report the following as one of the ordinances, or by-laws of the proposed association, viz:

The Order of Business.—The order of business at the annual meetings of the American Medical Association shall at all times be subject to the vote of three-fourths of all the members in attendance; and until permanently altered, except when for a time suspended, it shall be as follows, viz:

1. The temporay organization of the meeting preparatory to the election of officers.
2. The report of the committee of Arrangements on the credentials of members; after the latter have registered their names and addresses, and the titles of the institutions which they represent.
3. The calling of the roll.
4. The election of officers.
5. The reading of minutes.
6. The reception of members not present at the opening of the meeting, and the reading of notes from absentees.
7. The reception of members by invitation.
8. The reading and consideration of the stated annual reports from the standing committees.

9. The selection of the next place of annual meeting.
10. The dew appointments to fill the standing committees.
11. The choice of permanent members by vote.
12. Resolutions introducing new business, and instructions to tl permanent committees.
13. The reading and discussion of voluntary communicatioı introduced through the committee on arrangements.
14. Unfinished and miscellaneous business.
15. Adjournment.

Before bringing this report to a close, the committee beg lea to remark, that in preparing the foregoing " plan of organization and "ordinance" accompanying it, they have constantly had view, as worthy of imitation, the plan of organization and order business adopted without any previous concert of action, by tl Medical Convention of 1846.

The plan here presented, differs from the mode of organizatic adopted by the late Convention, principally in such points as aı necessary to give permanency and influence to the proposed ass ciation. It is believed to be sufficiently simple, and at the sarr time sufficiently comprehensive and practicable, for organizing tl whole of the Medical Profession of the United States into a pe manent body; and for carrying into effect all the objects conten plated in the formation of a National Medical Association.

All of which is respectfully submitted.

JOHN WATSON.
JOHN STEARNS.
F. CAMPBELL STEWART.
ALFRED STILLE.
N. S. DAVIS.
* E. D. FENNER, (by the Chairman

EDITORIAL DEPARTMENT.

The Discoverer of the Letheon.—We alluded, in our last numbe to the fact that the credit of first applying the inhalation of th Vapor of Ether for the alleviation of pain in surgical operation is being warmly contested by Drs. Jackson and Morton of Bostoı in whose names, as joint discoverers, the *patent* was issue‹ Within a few days a friend has handed us a small pamphlet by Mı Horace Wells, of Hartford, Conn., in which he claims that th application of the method originated with him. He states, thε having made practical trials of the inhalation of the nitrous oxid gas in twelve or fifteen cases in which teeth were extracted without pain, he proceeded to Boston, and presented his discovery to several of the medical gentlemen of that city, among whom were Drs. Warren, Hayward, Jackson, and Morton. He, also, by invitation of Prof. Warren, at the close of one of his lectures, presented the subject before the class of medical students then in attendance at the Mass. Medical College; and, in connection therewith, submitted an experiment of extracting a tooth, which, not being very satisfactory, did not succeed in inspiring any confidence in the plan. This was in the autumn of 1844. He states that Dr. Morton was instructed in dentistry by himself, and that he was aware, at the period just mentioned, of his discovery. He alledges, farther, that Dr. Morton, at his request, applied to Dr. Jackson to prepare some nitrous oxide gas for the purpose, and that Dr. J. supplied him with the ether as being attended with the least trouble. Mr. Wells publishes affidavits from several individuals to the facts that he made successful experiments both with the nitrous oxide and ether, previously to the year 1844, and of his presenting the subject before the medical class of Boston as stated in his memoir.

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* The remaining reports of committees are reserved for the July No.

We deem it but an act of justice to publish this condensed abstract of the pamphlet, more especially as the names of some of the gentlemen who have made affidavit to the statements contained therein are well known to the medical profession, and their testimony is entitled to full confidence. At the same time, we entertain a confident belief that the statements made by the different gentlemen involved in the controversy, which now appear to conflict with each other, are susceptible of some explanation which will spare any occasion for imputations of a want of honor or good faith on either side.

Resolutions complimentary to Corydon La Ford, M. D., Demonstrator of Anatomy in the Medical Department of the University of Buffalo.

We take pleasure in complying with the request to insert the following resolutions of the class now in attendance at the Medical College in this city.

At a meeting of the class, Med. Dep. University of Buffal held April 21, 1847, John M. Hardy was called to the chair, a S. A. Foss elected Secretary.

On motion, Messrs. Cary, Ely, White, Foss, and Hardy, we appointed a Committee to draft Resolutions expressing the sen ments of the Class, in regard to the *Anatomical Demonstrations*, a *Recapitulatory Lectures* just completed by Corydon La For M. D.

The Committee reported the following Resolutions, which we unanimously adopted.

Resolved, That the able, interesting, and highly instructive cour of Anatomical Lectures and Demonstrations, recently conclud by Dr. Corydon La Ford, meets the entire approbation of t Class; and, that the signal ability with which he imparted to us h scientific, and minute researches, excite our highest admiration.

Resolved, That as a *Demonstrator of Anatomy*, Dr. La Ford, i in our opinion, *unsurpassed* by any of his age and experience; a in wishing him a more extended field of usefulness and influen *we could not ask any which he does not merit.*

Resolved, That the members of the Class entertain for Dr. L Ford the most profound esteem, for his scientific attainments; th they not only admire his zeal and industry in the prosecution of h favorite science, but, also, for those *moral qualities of the hea* which shine forth so *conspicuously* in *his character.*

Resolved, That Dr. La Ford for his courteous and gentleman deportment, to us individually and collectively, merits our warme thanks, and best wishes; and that he shall ever receive from the tribute due from *grateful hearts.*

On motion of Mr. Blake—*Resolved*, That a copy of the procee ings of this meeting be forwarded to Dr. La Ford, and that the be published in "The Buffalo Medical Journal and Monthly Revie of Medical and Surgical Science," and in "The New-York Journ of Medicine and Collateral Sciences.

J. M. HARDY, *President.*

Sidney A. Foss, *Secretary.*

New Professors in Harvard University.—We copy the followin from the Boston Medical and Surgical Journal. The worthine and wisdom of the appointments will be appreciated more widel than by the medical profession of Massachusetts alone. We tend our congratulations not only to the appointees, but to our Alm Mater.

We doubt not that the labors of the new professors will redound to their own honor, and to that of the institution.

"We learn that the Corporation of Harvard University, since the resignation of Dr. Warren, have appointed three new professors, two of whom are to be attached to the Massachusetts Medical College in Boston, and one to the University at Cambridge. The new incumbents are, Oliver W. Holmes, M. D., Professor of Anatomy and Physiology; John B. S. Jackson, M. D., Professor of Pothological Anatomy, and Curator; and Jeffries Wyman, M. D., Hersey Professor of Anatomy at Cambridge.

All the above gentlemen are well known to the public as working men, who by their own talents and persevering industry, have raised themselves to the head of the departments in science which they are respectively to teach. Dr. Holmes is eminently distinguiihed in our medical community as a talented and eloquent lecturer, and an accomplished scholar and man of science. He has been for ten years a successful teacher of Anatomy and Physiology in the Tremont Street Medical School, and was for two years a professor of the same branches in Dartmouth College. Dr. Jackson, as a Pathological Anatomist, has no superior in the United States. The medical profession owe him much for many years of unrequited labor, which nothing but an ardent devotion to science for its own sake, could have sustained. The rich collection of morbid anatomy of the Society for Medical Improvement, and its forthcoming descriptive catalogue, are mainly indebted to him for their existence. Dr. Wyman is our best comparative anatomist, and has filled with great credit the Chair of Professor of Anatomy in Richmond, Va., for the last two years. He will form an important acqusition to the new scientific school about to be established at Cambridge. We are gratified that the choice of the Corporation has fallen on candidates in whose favor we believe the general suffrage of the medical profession in Massachusetts would have cordially united."

Prof. Warren's Valedictory Remarks.—At the close of the session of the Medical College in Boston, as we learn by our contemporary, the Boston Med. and Surg. Journal, Dr. Warren "finished his valedictory remarks, by advising medical students not to seek foreign schools, until they should have acquired all the results of deliberate attention at home, which would fit them to profit by the advantages peculiar to other countries. He thought that most students acquired more instruction at home than abroad, especially in countries where a foreign language is spoken. He spoke of the difficulties of obtaining subjects for anatomical inquiry, and proposed that persons, who, like himself, do not object, but prefer to sub their bodies, after death, to anatomical purposes, should, at on execute a written direction therefor.”

“Dr. W. has performed about 5,000 surgical operations, including minor ones, and delivered 3000 lectures in Boston, 1000 in Cambridge.”

Removal of the Willoughby Medical College to Columbus.—T Medical Institution at Willoughby, Ohio, has been transferred Columbus, the trustees acting in accordance with an act of Legislature to that effect. The corps of Professors has be re-organized, the following constituting the newly appoin Faculty:—

Anatomy and Physiology, J. P. Judkins, M. D., of Cincinnati.

Surgery, R. S. Howard, M. D., of Columbus.

Chemistry, Rev, F. Merrick, of Delaware.

Obstetrics and Diseases of Women and Children, H. H. Chil M. D., of Massachusetts.

Pathology and Practice, J. Butterfield, M. D., of Columbus.

Materia Medica and Therapeutics, T. R. Spencer, M. D., New-York.

Medical Jurisprudence and Insanity, S. M. Smith, M. D., Columbus.

Mott's Velpeau's Operative Surgery.—We beg pardon of o friends, the *Woods*, for the inadvertency referred to in the followi note, which, by way of correction, we cheerfully insert. We tru that they will reap substantial fruits from the enterprize of t publication, commensurate with the credit which belongs to the for completing it in so satisfactory a manner.

New-York, 5th Month, 29, 1847.

To the Editor of the Buffalo Med. Journal:

Having recently completed Mott's Velpeau's Op. Surgery, b publishing the 3d Vol. and Atlas, we sent a copy by our mutu friend, Dr. Lee, to be noticed in the Journal. In the No. of th Journal for this month, we observe that credit is given for th publication to *H. G. Langley*. This may bring the work befo the Profession, but publishers do not like that others should rea the credit of their enterprize. We are now the publishers of th whole work, and shall feel obliged for a continuance of the favor ble regard which the Medical Press has thus far extended to it.

Respectfully, S. S. & W. WOOD.

N. Y. Annalist.—Our much respected contemporary, the Annalist, in a deservedly complimentary notice of the May No. of the N. Y. Journal of Medicine remarks, "this (the N. Y. Journal) is the only journal of any size in this city or state." We beg to remind the Editor of the Annalist that the Buffalo Medical Journal in point of size falls but a few pages short of the New-York Journal, although we are very far from assuming that in other respects it will bear comparison with that valuable periodical. From the well-known courtesy of the accomplished Editor of the Annalist, we do not doubt that he will cheerfully correct the error into which he had inadvertently fallen.

Typhus Fever in New-York.—We learn that Typhus Fever prevails extensively among the newly arrived Emigrants from Ireland. It is said to present the distinguishing traits of true Typhus. Several hundred cases are reported to have been received at the Bellevue Hospital. The same disease is now prevailing extensively in Dublin, and throughout Ireland.

BIBLIOGROPHICAL NOTICES.

Charge to the Graduates of Jefferson Medical College of Philadel-adelphia; delivered March 25, 1847. By Professor Dunglison.

The well known good judgment of the author characterises this production. We quote one paragraph, which, in our estimation, contains excellent advice:

> "To preserve yourselves on a level with the medical literature of the day, let me recommend you to peruse regularly, but with due caution in sifting the facts from the assumptions—the grain from the chaff—the pages of a good medical periodical. Whoever is remote from a large town has necessarily more or less difficulty in procuring the more ponderous works that issue, from time to time, from the press; but owing to the astonishing celerity of communication between every portion of this extensive continent, and between it and the old world, an acquaintance with the novelties of medical observation and reflection can be transmitted by means of the Journals with wonderful rapidity to every inquirer, no matter how distant he may be from the great centres of population."

Address delivered before the Genesee Co. Medical Society at i annual Meeting, held at Batavia, Jan. 12, 1847. By Mos BARRETT, M. D.

We have been remiss in not before returning our acknowledg ments for this excellent address. The author particularises wi caustic severity some of the dishonorable and ungenerous mea which unworthy members of our profession pursue to deprecia others, with the hope thereby of elevating themselves. It is this, more than any other source, that we are to look for the caus which bring upon Medical Science want of confidence and respe with the Public. The surest way to recommend our profession general esteem, is to manifest our own regard for it, by the stri observance of honor and courtesy, in all our relations with tho who, as well as ourselves, are its representatives.

It is creditable to the Medical society of our neighboring coun that they solicited a copy of this address for publication. We ho it will be extensively circulated.

Dr. Blakeman's address to the candidates for degrees of Licences the Medical Institution of Yale College, Jan. 20, 1847.

Did our limits permit we should be glad to make extracts fro this, as well as from various other addresses, made on similar occ sions, which we receive. We trust the newly fledged candidates f medical practice will not forget the parting words of advice wi which their teachers bid them God speed.

Address delivered to the Graduating class of the Indiana Medic College, at the Public Commencement, Feb. 18, 1847. By M. KNAPP, M. D., Prof. of Materia Medica, &c.

With much that is sound and judicious in this address, there a some things obnoxious to criticism. The following extract, f example, we conceive is in bad taste:

"But gentlemen, under the lights of observation and experien afforded your teachers in Western practice, in the treatment our endemic diseases, you will go forth from this school of me cine, with a pathology and therapia that will avail you in the We like a magic wand, or as the brazen serpent did Moses in the Isra litish camp. Western people have already seen the Eastern br physician succumb to the superior skill of the graduates of t college, and the opinion that students must graduate at Laporte order to practice successfully in the Northwest, is becoming prevalent here. And humanity exhorts us to foster and promulge it; and policy will yet bring many students annually from the East, to graduate in the Indiana Medical College, and to disperse, like you through the west, to become the conservators of the life and health of the tide of immigration that is rolling in upon us.

Address to the Graduates of Geneva Medical College, Jan. 26, 1847. By Charles Alfred Lee, M. D. Prof. of Gen Pathology and Materia Medica, &c.

As would be expected from the reputation of the author, this address is replete with elevated sentiments, embodied in a chaste and vigorous style.

Braithwaite's Retrospect of Practical Medicine and Surgery. Part the Fourteenth. New-York, Daniel Adee, 107 Fulton-St., 1847, pp. 357. Price 75 cents, $1,50 per annum.

The Half-Yearly Abstract of the Medical Sciences. Being a practical and analytical digest of the contents of the principal British and Continental Medical works published during the preceding six months; together with a series of critical reports on the progress of Medicine, and the Natural Sciences, during the same period. Edited by W. H. Ranking, M. D. Cantab. Vol. 11, No. 2, 1847. Philadelphia, Lindsay and Blakeston; 75 cts per number, $1,50 per annum; pp. 411.

The popularity and merits of these two works continue unabated.

Obituary.—Prof. John P. Revere, and Geo. M'Clellan.

The death of these distinguished individuals cannot but be felt primarily by the medical profession, and with reflex agency by the community at large. Although distinguished men in other professions may occupy a more prominent stand-point in the theatre of active life, and their disappearance from its stage be more speedily noted by the masses, yet if we would but look behind the closing curtain, there would be seen men who in a quiet, unostentatious life, silently, gradually, yet with more certainty have combatted moral and physical ills, though unheralded by the trump of fame.

We would not have the latter clause of these remarks applied rigidly to the individuals whose death we note, but make record of this truth in behalf of the cultivators of the medical profession at large, whose labor of duty and love seldom can appeal effectively but to the hearts of the restricted circle in which they move.

By repeated conversations, of thave we reiterated, that of all Lecturers on Practice of Medicine which it has been our privilege to hear, Prof. REVERE took rank decidedly at the head. Having received such medical education in this country as the then limited opportunity afforded, by want of schools and able teachers, he was not content to *visit* Europe solely, but repaired to Edinburgh for *study*, at a time when its schools were deservedly in highest repute, entered the lists, and by diligent application bore off its honors, not for purpose of repose on these laurels, but with studious habits confirmed, ever after devoting himself to the culture of that profession to which he was ardently attached, and to the dissemination of its lore to the many willing listeners who gathered about his chair at whichever school he held a professorship.

There was nothing ornate in his style of composition or mode of teaching, but the hearer was held enchained by the earnest deep sense of responsibility which his manner and utterance conveyed, conjoined with that enthusiastic fervor which is ever the best outward manifestation of a sincere and ardent attachment to any pursuit.

Having thus labored for the love of truth and the cause of humanity, the sun of this scholar and christian is now set, but the light of his teachings have not set with him, but its rays are glowing in the hearts of his pupils and warm admirers wheresoever scattered abroad; and, so numerous are these, that few indeed are the large towns in our Union which are not represented by them, and yet less in number are those who will not join in saying,—not to have listened to his teachings would have been a loss irreparable. In short, Professor R. was a ripe scholar, whole-souled. and a good christian. Thus well fitted for a true life on earth, he has been borne hence to reap the reward laid up in store for him.

PROF. M'CLELLAN on entering the professional course singled out more particularly the department of Surgery for his pursuit, and led the way in after life to some of its most renowned operations. With indomitable energy he met all opposition that would stay his advancement, and that opposition by rivals was often acrimonious, not to say bitter—but in despite of all he pressed on to the goal. His characteristic trait was great decision, and activity, mental and physical, exhibited when engaged in private or professional duty, or as a teacher of Surgery. With a well stored mind, and a limited command of language, his conversation was helped on by pantomine, which, while lecturing to his class, forced the similitude of a "caged lion," ever moving, majestic, zealous and energetic. Popular with his class, he urged them forward to strive for the highest professional rank, and, to endeavor for all which is attainable, without truculent bending to the right or left to meet the views of any one who had caught the popular aura undeservedly. This inculcation perhaps had its origin in the severe school of his experience, and contrasts singularly with the teachings of a noted professor of Surgery, who when remarking on capital operations, with a gusto, adds;—"But gentlemen these operations you are to leave to the older members of the profession!" In short Prof. M'Clellan by precept and example, taught the great truth that success in Surgery, as in everything else, comes from well-grounded principles, and that manly self-reliance which prompts to individual action. With his large circle of admirers actively engaged in the profession, now remain his teaching and example—with these and their right application, they may well go forth, bidding the blind to see, the lame to walk, and the lepers be cleansed. W. T.

Statistics of Medical Schools.

The following list embraces all the schools of which we have been able to obtain reports for the present year:—

	CLASS.	GRADUATES.
University of Pennsylvania,	411	
Jefferson Medical College,	493	170
Pennsylvania Medical College,	95	33
Franklin Medical College,		5
University of state of New-York, (College Physicians and Surgeons),	194	50
University of city of New-York,	410	123
Massachusetts Medical College,	165	34
Medical Department Yale College,		28

Medical Dept. Transylvania University,	205	64
Medical University of Louisville,	354	75
Medical College of Ohio,	170	53
Willoughby Medical College.	101	38
Cleveland Medical College,	206	
Memphis Medical College,	55	
Castleton Vermont Medical,College,	131	42
University of Missouri, (St. Louis),		28
University of St. Louis,		13
Albany Medical College.	100	30
Rush Medical College,	70	17
Indiana Medical College,		19
Medical College of Georgia,	106	33
Medical Dept. University of Buffalo,	68	
Geneva Med. College,	180	43
Medical College S. Carolina,	203	74
Richmond Va. Medical College,	84	21

To Readers and Correspondents.

Subscribers are requested to delay having the second volume bound until they receive an index, which will be forwarded with the next number.

The Publishers desire to state that the inducements offered to delinquent subscribers to remit the amount of subscription due, can only be extended to those who remit WITHOUT DELAY.

Errata.—A portion of this number having gone to press in the absence of the Editor, several literal errors, which would be likely to escape notice of a proof-reader who was not the writer of the communications, will be found to have occurred, especially in the first portion of the *review of Dr. Latham's work.* Our readers will greatly oblige us if they will make on the margin the following corrections, some of which are very important to the sense:—

Page 8th, 23d line, for *cardic*, read *cardiac*. Page 8th, 26th line, for *tittle*, read *title*. Page 8th, 28th line, for *one*, read *oral*. Page 9th, 13th line, for *accumen*, read *acumen*. Page 9th. 19th line, for *preceding*, read *subsequent*. Page 9th, 33d line. for *to be pursued*, read *difficult to be pursued*. Page 9th, 26th line, for *cordiul*, read *cardiac*. Page 10th, 7th line, for *Practioner*, read *Practitioner*. Page 10th, 12th line, for *worthy*, read *vastly*. Page 11th, 15th line, for *anæmia*, read *anæmic*. Page 12th, 3d line, for *percussion*, read *maximum*. Page 13th, 22d line, for *been*, read *seen*. Page 13th, 22d line, for *writes*, read *writers*. Page 13th, 25th line, for *stathescope*, read *stethoscope*. Page 14th. 39th line, for *Gothic* (!), read *Gallic*. Page 14th, 39th line, for *and*, read *in*. Page 15th, 4th line, for *directions*, read *dissections*. Page 15th, 15th line, for *a desire*, read *an occasion*. Page 15th, 16th line, for *firmness*, read *fairness*.

BUFFALO MEDICAL JOURNAL
AND
MONTHLY REVIEW.

VOL. 3. JULY, 1847. NO. 2.

ORIGINAL COMMUNICATIONS.

ART. 1. *Dr. Hamilton's Surgical Dispensary.* Reported by WM. H. WHITE.

Encysted Tumour.—G. D. aged 20. Had a congenital encysted tumour situated at the external angle of the eye; in size and shape it resembled an almond.

Operated by opening directly into the sack, and then removing the sack by evulsion. The second day after operation he again appeared before the class—slight eccymosis, but nearly healed.

Otorrhoca.—Mrs. S., Canada; aged 26. Last April contracted a severe cold, which resulted in inflammation of the internal ear; a month after it suppurated, and has continued to discharge until now. This abscess now extends under the integument of the mastoid process. The general health is much impaired.

Dr. H. advises from 15 to 20 drops of Coindet's mixture three times per day; a tea-spoon full of calcined magnesia on going to bed, and the abscess to the syringed out daily with water and castile soap.

Indirect Inguinal Hernia.—N. J. T. aged 45. Hernia of both sides of 20 years standing; caused by lifting. The right testis is also diminished in size and flabby. He has worn a truss nearly the whole time (the long continued use has made a depression at both external rings). He is now useing Culver's truss, has used Hull's, but he thinks C. superior.

Recommended to continue same truss.

Hemiplegia of left side.—L. C. aged 28. Jan. last, patient had an apoplectic fit, at which time he fell upon the right side of the head; his sight, speech, and power of thought have been impaired ever since. He was cupped and blistered at the time, but did not receive any benefit.

Dr. H. regarded it as a structural disease of the brain and its meninges, but, thought it possible that the internal plate was fractured. Advised laxatives, low diet, and long continued use of seaton in the neck.

Nebula.—H. S. D. while crossing the Atlantic a year since, had inflammation of the eyes; which resulted in a nebula of the right eye. The nit. silver has been employed for its removal but without success.

Dr. H. thought this proper treatment, but, as the eye often tires of the same remedy, for a time he would advise sulphate of zinc grs. vi, aqua fluv. ℥i and then if not successful—try again the silver.

Conjunctivitis.—Ann M. aged 5. Has a scropulous diathesis; her general appearance denotes debility, appetite poor; inflammation more diffused in the left than in the right eye.

℞. Sulphate of zinc grs. ii; Sulphate of Morphine, grs. ii, distilled water ℥i, applied to the eye three times a day, also a desert spoonful of sulphate of magnesia for four successive nights, as a cathartic.

Injury of the Muscles and Ligaments about elbow-joint.—J. F. E. aged 32. Caused by a mill log falling upon the arm four weeks since; within an hour after the accident, Dr. McH. saw it, he pronounced it badly bruised, but not broken. Dr. S., of Lockport also examined it, and agreed with Dr. McH. It is now much swollen, painful when moved, and quite firmly placed in a position one-third flexed.

Dr. H., examined it with care. The bones are not broken, but a contraction of the biceps has taken place; advised to flex and extend it gradually: he might by this in the course of two or three months, regain its use. All liniments and external applications useless.

Enlarged Lymphatic.—J. F. aged 15. Has a tumor under the angle of the left infer. maxilla, of two month sstanding; in size it is as large as a pullet's egg. His brothers and sisters have had similar enlargements on differnt parts of the neck which after a few months, disappeared spontaneously.

It is an enlargement of a lymphatic gland. Advised low diet, Coindet's mixture ten to thirty drops three times per day.

Cicatrization of the integuments and palmar aponeurosis of hand. C. D. Caused by a burn 14 years since. During the last few months, it has increased, the finger is now flexed nearly one-third.

Cut the cicatrix and bound the finger back. In about two weeks it was healed and straight.

Extraction of two teeth from a patient under the influence of the Letheon.—A soldier appeared before the class with two decayed teeth; the last bicuspid, and first molar. Dr. Snow, Dentist of Buffalo, gave the letheon and extracted the teeth. While its influence was passing off, the patient arose, and with a good deal of enthusiasm exclaimed, "I felt as it I was going to heaven." After it had entirely passed off, he said he did not feel the extraction of the first tooth, the second hurt him some, but not much. He left highly pleased with the operation.

Labium Leporinum.—D. S. aged 10. Hare lip, single fissure on the left side, running up nearly to the ala of the nose. It was once operated upon in Ireland, but the stitches tore out.

Dr. H., operated as he usually does, with the scissors and forceps, drawing the parts together with common interrupted sutures, over which he placed adhesive straps. The boy three days after, again presented to the class, at which time, the parts had adhered and the stitches were removed; eight days after the operation, the straps were also removed, and the case was complete and without the slightest prolabium fissure.

Ptosis.—J. B. from Toronto. The left eyelid; of long standing; dropped very much.

Dr. H. operated, taking out a leaf-shaped piece of integument, half inch in width in the centre and extending the whole length of the lid, and closing the wound with sutures; it was perfectly successful, *Amaurosis.*—Mrs. Q., aged 30. The sight began to fail about two years since. She has been under treatment at several periods, but received no benefit. It is a case of congestion of the retina.

Prescribed seaton in the neck, full venesection, light diet, a mild cathartic occasionally.

Staphyloma.—A. P. aged 31. Of one year standing; both balls project very much; the vessels highly conjested, the lids granulated; it is the result of acute inflammation.

Dr. H., thought him past recovery but would advise a saturated solution of nitrate of silver, blisters upon the neck, the granulations to be cut off, the bowels to be kept open exercise in the open air, and moderate diet.

Felon.—G. R. D. at the second joint of the second finger on the left hand; deep seated.

Opened and ordered bread and milk poultice.

Staphyloma.—A son of Peter McK., aged 7 years. The right eye is entirely lost, the left nearly; the child has a scrofulous diathesis. Incurable.

Enlarged Tonsils extirpated.—Miss H. D., aged 7 years. They have been increasing for the last four years.

Extirpated with Owen's instrument.

Indirect inguinal Hernia.—An old "salt water tar" appeared before the class with a reducable hernia of many years standing and of prodigious size, it was brought on by hard bruises.

Advised to get Chase's Truss.

Necrosis and Ulcer of the shaft of the Tibia.—H. P., In 1844 while riding on horse-back, crushed his leg between the horse and a stump, causing a compound fracture of tibia and fibula, it was soon seen by a physician and set, and to keep up extension the straight splint was employed. It did not unite kindly; in the course of two years it resulted in a large ulcer and necrosis; several pieces of bone have been discharged. There is an opening about four inches from the head of the tibia, and one on the same side an inch above the external malleolus, each discharging matter.

Dr. H., examined it but could not discover any loose bone, advised some further delay before submitting to an operation.

Indolent Ulcer.—G. F. of ——— two years since was thrown from a wagon and injured the right knee; it immediately caused a swelling which obliged him to keep still for a week; cold water was applied; this reduced it to a small hard bunch situated two inches below the patella. After a few months, it again began to grow and soften, A charcoal poultice was applied, and it suppurated and opened. Ulcer now extended from knee to upper end of the lower third of the tibia; it has been nearly healed over by nitrate of silver in powder; now applying a bark poultice.

Dr. H. said there was no signs of the bone being diseased, and as it was improving he would continue the present treatment.

Incomplete fistula in Ano.—J. D., negro, aged 55. Came before the class, his body much flexed, walking with a good deal of pain, complaining of a small bunch near the anus. It proved to be an abscess.

Being freely opened it discharged faceal matter. Ordered to apply a poultice, and in a few days, the radical operation might be made.

Chronic Conjunctivitis.—Geo. W. had acute opthalmia resulting in a superficial ulcer upon the cornea of right eye: the system is deranged and weakened. ℞ nit. sil. grs. iii, water ℥i. Tonics.

Contraction of muscles of the hand.—Mrs. A. aged 40. Caused by a burn several years since, the tendons are flexed one-third.

Dr. H., said it was a case upon which no prudent surgeon would operate, as these tenotomy operations when applied to the fingers, generally resulted in paralysis of the several tendons, and advised her never to have them cut, but to wear an elastic splint—this would, after a time, bring it straight.

Scrofula.—Peter W. aged 34, from Argyleshire, among the highlands of Scotland, left there four weeks since; swelling commenced about two months before he left; his family have never had anything of the kind—neck much disfigured.

Prescribed tinct, iodine 15 gtta. two or three times per day, and to apply it also externally.

Hydrocele.—P. B. aged 28. It has existed for many months, the palliative operation has been performed three times. The scrotum having again become much extended and painful, he agreed with

Dr. H., that it would be proper to have the radical operation performed.

Operated, injecting a solution of tinct. of iodine and water—ʒi to ℥i.

Fracture of Infer. Maxillæ.—C. B., aged 55, from Little Falls—Caused by the kick of a horse fourteen days since; three days after, it was seen and most admirably adjusted by Dr. Green of Little Falls, he useing for support, Cooper's apparatus. One of the molar teeth and a small piece of the jaw was entirely broken out.

Dr. H., dressed it with his own apparatus which possesses several striking advantages over that recommended by any other surgeon.

Sarcocele.—J. P., aged 29. Cause not known.

Advised a suspensary bag and a thorough dose of sulphate of magnesia.

Congenital Talipes.—An infant daughter of P—— of ——, both feet varus third degree; perhaps the right foot might be considered as fourth degree. The child perfectly healthy.

Operated on both by dividing the tendo Achilles. The left foot could now be brought to the natural situation; the right was improved, but not as much. The tin shoes prepared, were immediately applied; with orders if they were at all painful to loosen them, and to remove them during the few first nights.

Tumor suddenly formed.—Son of Rev. L. S. aged 4. Three weeks since, the mother while washing him one morning discovered on the right side of the neck, about an inch above the clavicle on the sterno-cleido-mastoid, a tumor then as large as now, about the size of a hen's egg. Its feel is tense, slightly elastic, not discolored, no pain or tenderness. In its general appearance it resembles an encysted tumor. The day before it appeared, he fell two or three times, once on his stomach, causing him to spit blood. The parents were confident the swelling had never been there before. nor has he been subject to similar swellings. The child has not a very healthy look, no particular evidence of hemorrhagic diathesis. To-day (two weeks after) it is increased in size; tender and slightly discolored. Suppuration is evidently about to take place.

Abscess of the hand.—J. S. D. caused by an incision between the thumb and index finger; on the dorsal side of the hand. It is now discharging healthy matter. The edges are elevated and callous.

Opened it, and advised bread and milk poultice.

Malignant Tumour.—Mr. F. This patient appeared before the class four weeks since for Dr. H's., opinion. The tumor was situated on the ulnar and palmar side of elbow, over the brachial artery and median nerve, and firmly attached to the bone, and surrounding parts. It was examined very minutely by Dr. H., and he frankly said he could not give a certain diagnosis, but from its situation and its having made its appearance within a year, being without pain and feeling like, and being in the situation of a bursa, he should be inclined to think it such, to be more certain, he opened it with an iris knife; no matter escaped. Having brought it together with adhesive plaster, he requested him to call again in a week. At the end of the time he came, and the cut instead of healing was surrounded by a bright red ring, and a white glassy fluid was exuding from the orifice. It was now examined by several surgeons, and all fully concured with Dr. H., in the opinion that it should be extirpated.

Dr. H., operated May 1st; by his first incision he entered the sack, cutting the cephalic vein, arteria profunda inferior, anastomatica and several muscular branches were also cut and tied; the internal insertion of the biceps was cut. The tumor being very firmly attached, made the operation long and exceedingly difficult. June 16th; tumor is returning; it is malignant.

Necrosis.—P. B. R. aged 11 years. The upper extremity of the tibia is necrosed, also enlarged; two openings in the diseased part. ℞. hydriodate of pot. and sarsaparilla.

Congenital Talipes.—C. R. B. Black Rock, aged 14 years. Varus 3d degree.

Operated by cutting on the right foot the tendo achilles, on the left foot the tendo achilles and the tibialis auticus: immediately after the operation, the feet could be forced out to the 2d degree. Will apply Stromeyer's apparatus this afternoon.

***Ectropium.*—Miss Mary A. F. The lower lid of left eye inverted one-fourth of an inch, caused by an abscess following small pox.**

Operated by taking out a triangular piece and bringing the parts together by sutures.

ART. II. *Latham on diseases of the heart.* ***Review continued from page* 30.**

The work of Dr. Latham in so far as our analysis extended in the preceding number, treated of Endocarditis and Pericarditis as associated with arthritic rheumatism. The occurrence of these affections disconnected from rheumatism is next considered. But little space is devoted to them in this aspect, for, as we have already quoted, Dr. L., declares that they have very rarely fallen under his observation, except in that connection. He gives some account, first, of endocarditis, which he has observed independently of rheumatism. In these cases various and complicated affections of other organs have co-existed, and the primary deviations from a state of health were not well ascertained. He thinks that endocarditis may not infrequently become developed during the last stages of the progress of other diseases. That it may bear relations to some other forms of disease, as well as to rheumatism, is probable, but clinical observations have not established any definite principles presiding over such relations. The subject requires farther elucidation by means of the collection and analysis of a greater number of cases than are, as yet, aavailable.

Pericarditis, disconnected from rheumatism, is altogether of more frequent occurrence than endocarditis. Indeed, Dr, L., states that "there is no structure of the body more liable to inflammation than the pericardium," one-half of the bodies of adult subjects, exhibiting on dissection some traces of its existence at some period of life. But in many instances the lesions which declare its existance are trivial, and the disease had been of a trifling character. The white spots so often found on the surface of the heart, are now regarded as the products of slight inflammatory action. Limited as are the portions of the heart's surface affected in these cases, it is highly probable that the morbid action was sufficient to have produced appreciable sounds of attrition; and the affection would be much oftener diagnosticated, if the custom were adopted of examining the heart in all cases, whether symptoms directing attention to this organ are present or absent.

It is evident that in point of danger, there is no comparison between cases of endocarditis and pericarditis in which the morbid action is of little intensity, and restricted to a small space; for, while the latter exposes the patient to but little, if any risk of ulterior evils, the former may induce confirmed valvular lesions, and thus lead to extensive and fatal structural changes in the whole organ

Dr. L. remarks, that in the larger proportion of cases of acute pericarditis, in which the affection has occurred independently of rheumatism, it has been overlooked during life. This has been true of the history of several cases which we have collected, and we presume, that all who have been in the habit of making autopsies, can testify to the same fact. This arises, in part, from the latency of the affection in many cases, as respects the symptoms exclusive of those furnished by physical exploration, and the too common neglect of the latter in cases in which the symptoms do not compel the attention of the patient and practitioner to be directed to the condition of the heart. It is also, in part, explained by the fact that in nearly all instances the pericarditis occurs as a complication of other diseases. The liability to overlook the disease should be borne in mind, and should enforce the importance of never neglecting, in cases of every description, examination of the præcordial region with the hand and ear. Dr. Hope enjoins this in a particular manner, and states that it was his habit to ascertain the condition of the heart in all cases of acute disease, as uniformly as of the pulse, tongue, and other prominent sources of vital symptoms.

With respect to the occurence of pericarditis as a complication of other diseases when not connected with rheumatism, Dr. L., states that in no instance in his own experience has it presented itself as an isolated disease. It is especially apt to be associated with inflammation of similar structures—the peritoneum and pleura. Like endocarditis, but much more frequently, it is often developed shortly before the fatal termination of various acute diseases,occuring just before death,to which it may directly contribute in a considerable degree

Upon an analysis of cases communicated by Corvisart and Andral, the fact of its occurring for the most part as a complication is sustained.

Our author proceeds to treat of the *immediate results of endocarditis and pericarditis.* The consequences of inflammation of the endocardium may be the deposit of lymph in specks, or in layers, over a greater or less extent of surface; its accumulation in masses as large as a pea, or cherry-stone, or larger, which are sometimes pendulous into the cavity of the ventricle; ulceration, which may destroy more or less of a valve, or lay bare the muscular substance, and sometimes penetrate from one auricle to the other. These are destructive forms of injury incompatible with life: there are others less destructive, and capable of slow reparation. The local consequences of Pericarditis are, the effusion of lymph universally, or in patches; agglutination of the pericardium to the heart; effusion of fluid, from a few ounces to four pints, which may be transparent, flaky, purulent, or sanguinolent.

In view of these local effects, in either instance, the importance of striving, not only to cure the inflammation, but to cure it *quickly* is sufficiently obvious. The condition of the system at large has not a little to do with the prospect of ultimate reparation. The prospect is comparitively small in children of weak, scrofulous constitutions, and in adults who are habitually in infirm health. Patients during the restorative efforts of the system sometimes fall into a state of anæmia, which may greatly retard, if it does not prevent recovery.

When the course of the affection is unfavorable, dropsy generally supervenes, commencing with œdema of the feet, which may be at first attributed merely to debility, but gradually it affects the cavities, and distends the cellular texture throughout the body. Recovery, however, occasionally takes place after these most unpromising events have occured.

Coincident with the heart affection various diseases are sometimes observed, such as maniacal delirium, fatuity, epileptic or tetanic convulsions, chorea, &c.

Reparation from these affections of the heart may take place to such an extent that life is safe for the time being, but more or less degree of permanent unsoundness remains. Under these circumstances, the period to which life may be continued is various. "It may be a few months only, or a few years; or it may be many years, even ten, or twenty or thirty."

These cases terminate in two ways:—first, by the effects of a renewal of disease in the unsound organ; second, by the direct consequences of the detriment which the organ has received, without any revived inflammation being involved. Dr. L., considers these two methods at length, *and, first as regards renewed, or secondary inflammations.*

A person who has been affected with inflammation of the structures of the heart, which has left the organ in a permanently damaged state, is constantly liable to a new accession of inflammation, not only in connection with recurrence of rheumatism, (if this disease have been experienced) but from "exposure to cold, intemperate indulgences, or some unusual bodily effort." Now under these circumstances the diagnosis is less easy and sure, than when the heart was previously healthy. The physical signs, which are our chief reliance in previous cases, now fail to afford such precise information. We quote the author's words on this subject:—

> "In the first inflammation of the pericardium, there is the exocardial murmur made by the moving of its roughened surfaces upon each other. But in after inflammation of the pericardium, exocardial mumur there is none, and none can there be if its surfaces adhere completely. And if they adhere partially and there be a murmur, it will not have the proper attrition in it, and so will want the exocardial character. In the first inflammation of the endocardium, there is the endocardial murmur, made by the recent lymph deposited upon a valve; and the murmur continues ever afterwards, when the valve so far falls short of perfect reparation as to remain thickened or puckered. And then in after inflammations, observe the puzzle. There is the permanent murmur of the old unsoundness and the recent murmur of the new disease; but how much is due to the old, and how much is to the new, is too delicate an affair for the nicest ear to discriminate."

The signs denoting the presence of renewed inflammation are not only equivocal and uncertain in cases of lesser intensity, but even in the severer and fatal instances. For its recognition we are to take into consideration its frequent coincidents and accompaniments. There are attacks of acute rheumatism, pneumonitis, pleuritis, or fever. Experience declares that "when any one of these befals a man whose heart has been left unsound by a prior inflammation, then inflammation is apt to be renewed in it afresh."

The author adds,—"when under such circumstances, and in such a subject, the heart which habitually palpitates, and is habitually uneasy, suffers an increase of palpitation and of pain, then its inflammation should be assumed as a fact." "I believe," he continues, that whenever the heart is re-inflamed by a fresh attack of rheumatism, there is almost always a a tremendous accession of palpitation and pain. Oftentimes, however, when the palpitation and pain have been the greatest, they have been most easily subdued, for these are no sure measure of the severity of the disease, and no sure warning of its fatal result."

The following are the authors's remarks on the treatment of renewed inflammation:—

"As to the kind of medical treatment, I would remark generally, first, with respect to bleeding, that if you now direct this mode of depletion with the view of *entirely* stilling the violent action of the heart and arteries, you propose a false and impossible indication of practice; false, because this violent action is in part permanent, and has not to do with the present conditions of disease: impossible, because no quantity of bleeding short of that which would kill the patient would be adequate to the purpose; and, secondly, with respect to mercury, that all which can now be done is commonly within the reach of other remedies, and therefore that *commonly* it is unnecessary.

"Leeches applied to the region of the heart, will, by the immediate effect which they produce, test the sort of inflammation you have to deal with, and show whether any and what other remedy will be needed in counteraction of it. If they at once afford marked relief, they thus denote both that the inflammation is easily controllable, and that they, without the aid of any other remedy properly antiphlogistic, will be able to control it. And so it will turn out in the majority of cases. But if they afford no marked relief at once, or, still more, after their repeated application, then they plainly proclaim the inflammation beyond their power to cope with, and they call for the help of mercury (as at first) to withhold it from a fatal issue; but this does not often happen.

"In the treatment of these secondary inflammations, it must always be borne in mind that they *are* secondary. We must restrict our practice to the purpose of removing so much of the disease as is superadded by the present attack, and abstain from pushing either bleeding or mercury to such an extent as we should if we proposed to play a successful after-game for the complete cure of the disease of the heart, which is impossible.

"But these secondary attacks of inflammation which people suffer and recover from, and suffer and recover from again and again, do they always add something to the permanent unsoundness of the heart? I cannot tell; but probably not always."

The effect of medical treatment in these cases of secondary inflammation, may be to relieve the morbid action so that the condition of the patient is no worse than before, or, on the other hand, notwithstanding our therapeutical efforts, the permanent unsoundness of the organ is more or less increased. The latter will be manifest by an increase of the palpitation, præcordial uneasiness, dyspnœa, &c., symptoms which had preceded the new recurrence of inflammatory action, but in a lesser degree. The patient's susceptibility to future repetitions of inflammatory attacks is also greatly increased.

"When secondary inflammation has been thus a few times renewed in the heart, and the patient, though his life be saved, has reverted after each attack to a worse condition than before, it is remarkable how little it takes to light it up afresh. A rheumatic fever is sure to do it; even a common febrile catarrh may do it; nay, it will sometimes appear to light itself up spontaneously; and thus with a cause, or without a cause, it will return, or seem to return, at short intervals of months or weeks, and the patient perhaps will at last die of an attack much less severe than many a one that has preceded it."

We come now to the second class of consequences of endocarditis and pericarditis, viz:—those arising from the damaged state in which the heart is left, without involving any renewal of inflammatory action. The unrepaired structure of the organ becomes almost necessarily the element of further material changes in it. This set of consequences is the more frequent. Renewal of inflammation happens to but few, but "farther disorganization of the heart growing out of the elementary unsoundness left by inflammation, certainly happens to the vast majority and, if accurate measure could be taken during life, would probably be found to happen to almost all." Dr. L., distinguishes the latter train of consequences as "*unsoundness* from *disorganization*," while the unsoundness attributable to the immediate effects of inflammation he calls "*unsoundness* from *disease.*" The former are the direct, the latter the remote, or ulterior results of the inflammatory condition.

The following is his description of the permanent lesions found on dissection.

"In looking over such records as I possess, of dissections made where death had taken place at various periods of many months or of many years after the attack which did the original detriment to the endocardium, I find that the morbid appearances may be reduced to a few, to opacity and thickening of the membrane, to marks of perfect and imperfect cicatrisation, and to breach of surface or solution of continuity.

"The opacity and thickening, vary much in their extent. Sometimes they are confined to a single valve or to part of one only, to its free edge; sometimes they affect more than one, generally two, the mitral and the aortic valves; and they occasionally extend to the valves of both sides of the heart, and pervade both their proper membranous expansions and the tendinous cords proceeding from them. Further, this same opacity and thickening belong sometimes to other portions of the endocardium besides those which form the valves and their appurtenances, especially to the lining of the left ventricle nearest the aorta and to the whole lining of the left auricle.

"Besides such general opacity and thickening a particular valve sometimes presents a hard elevated line or ridge where it is especially thickened, or a small spot where it is indented or depressed, looking like a complete cicatrisation in one case and an incomplete cicatrisation in the other.

"Sometimes a valve is perforated or cribriform, or it wants a portion at its edge, or a tendinous cord is snapt in two, and its ends are hanging loose within the cavity of the ventricle.

All these lesions lead to farther disorganization by the same mode, viz:—by occasioning *more or less impediment in the passage of the blood through the heart.* Their existence is demonstrated during life, by the presence of the bellows, or endocardial murmur in some of its modifications. But, it is to be noted, that the loudness of this murmur is no evidence of a correspondingly great amount of structural disease. On the contrary, Dr. L., states, that, as a general fact, the louder the murmur, the less the impediment. The physical explanation of this fact will be obvious on a little reflection.

There is no uniformity in cases as to the rapidity with which ulterior unsoundness, or unsoundness from disorganization, progresses. In some instances in which the presence of the physical sign reveals the fact of existing lesions, the patient is wholly unconscious of any disturbance in the organ; and perhaps, very little, if any disturbance is produced, the lesions being such as to occasion the morbid sound, without any notable impediment in the passage of the blood. The general remark that the bellow's murmur does not invariably denote changes of structure which are of a fatal, or even serious character, is important to be borne in mind. In other cases, impediment co-exists with the murmur, but not being considerable in amount, the patient only experiences palpitation and dyspnœa after exertion, or upon excitement of the circulation from any cause. Under these circumstances the morbid condition may continue for years with slight, if any augmentation. In cases wherein the lesions are of a graver character, more or less increased force of the heart's action, or palpitation, is constant, which is, of course, aggravated on any exertion. Nevertheless, under these circumstances comfortable health for many years is not an inpossibility,*

Without considering, at present, the various results to which progressive unsoundness of the heart gives rise, the important fact which clinical experience declares is this:—"The evil consequences to life and health arising out of the heart's permanent unsoundness left by endo-carditis are often either stationary at a small amount for years, or very slow to advance or accumulate."

The foregoing remarks have related to unsoundness incident to endocarditis. That resulting from pericarditis presents this difference as respects diagnosis;—we have not the continuance of the characteristic physical sign. The exocardial or attrition murmur always ceases with the active disease, and does not remain to denote the permanent disorganization which is left. Hence, it often happens that the results of pericarditis are disclosed after death, when nothing of the kind had been suspected during life. The effect of pericarditis, certainly in the vast majority of cases, if not invariably, is more or less adhesion and obliteration of the pericardial cavity. This may be partial or complete; it may take place apparently by agglutination, without any evidences remaining of an intervening solid deposit, or the amount of organized lymph which connects the membrane to the surface of the heart may be half an inch in thickness, and so of every intermediate degree. Adhesion is doubtless a conservative process in these cases, for, although it rarely ensures a completely healthy condition of the organ, it secures a condition of greater safety than if a cavity remained to be filled with serum, or to become the seat of purulent matter. The imperfect accomplishment of adhesion is sometimes a serious evil, the heart presenting after death what appears to be a series of abscesses, occasioned by purulent deposit in the spaces free from adhesion. Dr. L. entertains the opinion that obliteration of the pericardial cavity is not incompatible with perfect health. This (if we recollect aright) was not the opinion of Hope. The latter observer found, that in all cases it led inevitably to hypertrophy, with or without dilitation. That it does so in the vast majority of instances is also the opinion of Dr. Latham. It may be a question whether acute pericarditis may ever occur without leading to more or less adhesions, but the fact that it may occur and recovery take place so complete that not the least evidences of cardiac trouble or disturbed health remain, is certain.

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*For a case illustrating these remarks, see report of editor's clinique in another article of this number.

The author next passes in review several changes of structure to which the heart is liable, irrespective of inflammation affecting its lining or investing membranes. It may be the seat of each of the heterologous formations—carcinoma, tubercle, &c. Tubercular deposit is rare in that locality; Dr. L. has met with it in a few cases only. Analagous formations are more common, more especially the cartilaginous and osseus. Dr. L. regards these depositions as originally formed either beneath, or exterior to the membrane, both in the heart and arteries. The endocardium is much more frequently their seat than the pericardium, but specimens of the latter are occasionally met with. Laennec demonstrated that in the latter instance the deposit occurs between the fibrous and serous layers of the pericardium. These changes do not necessarily denote pre-existent inflammation, and from their imperceptible origin, and slow progress, it is difficult to refer them to any specific causes, either proximate or remote. They seem to be due in many cases to intemperate habits, a gouty diathesis, and to old age, singly or combined. With regard to diagnosis, the existence and seat of these lesions may be ascertained, but not their nature. The latter is only a matter of conjecture.

The muscular tissue of the heart may be the seat of acute inflammation terminating in the formation of pus. This, however, is extremely rare. Dr. Latham gives the report of one case which came under his own observation, and relates the history of the only other case of which he has any knowledge. The circumstances attending these cases afford nothing from which definite principles of diagnosis may be deduced.

Chronic inflammation affecting the muscular structure may lead to ulcerations, which may also originate from the pericardial, or endocardial surface, and penetrate inwards. Partial dilatations, sometimes called aneurisms, are among the consequences of changes exerted upon the muscular fibres. Under the latter circumstances rupture sometimes takes place, and this may be the first definite intimation that the heart is diseased.

Softening is another lesion, to which the attention of several observers has been of late years directed, especially as a complication of fever. Louis, Stokes and Hope, have pointed out this fact. According to these authorities, and the experience of Dr. Latham, a weak, irregular, intermitting pulse, attended with diminishde sounds and impulse in the præcordial region, often suffices to diagnosticate softening of the heart, which not infrequently proves the immediate cause of a fatal result. Softening is also found to occur in diseases characterised by an impoverished state of the blood, as scurvy, and chlorotic anæmia.

The predominance of fat in the heart occasions injury from its existing at the expense and detriment of the muscular fibres. It ends in dilatation of the cavities, and inducing extreme feebleness of the organ. The diagnosis can seldom reach beyond conjecture. Dr. L., states, however, "that when dilatation is ascertained by its appropriate signs, if valvular unsoundness, or its cause, be excluded by the absence of endocardial murmur, and if a feeble, fluttering movement of the heart be felt at every part of the præcordial region, or beyond it; and if, moreover, the constitutional habit of the man be such as to accumulate fat in all other parts, then it may almost be taken for certain that fat is especially deposited upon the heart at the expense and detriment of its muscular substance."

Rupture of the heart is sometime due to the fatty degeneration. Dr. L., gives a case of that description which came under his observation.

The author now passes to the consideration of those affections which consist in alterations of *size* and *shape* and *bulk* and *capacity*, viz:—hypertrophy, atrophy, dilatation and contraction.

These affections are to be distinguished, after the language of the author, as, "unsoundness from disorganization." They do not denote any progressive disease properly so called, but follow, mechanically, from the lesions which prior disease has left. As regards the morbid anatomy, and pathological history generally, which appertains to these affections, Dr. L., does not advance any new facts; and our readers are presumed to be acquainted with the subject as fully, at least, as we should be able to present it in a brief analytical review. He does not consider under a distinct head their diagnosis. To their etiology he devotes considerable attention, and dwells particularly upon a cause not so fully noticed by other writers, viz:—"*shocks in which the heart suffers some hurt from violence.*" Hypertrophy with dilatation is especially apt to follow this class of causes. Dr. L., relates several cases, some from his own experience, and some from the recorded observations of others, in which the occurence of a heart affection was dated at the reception of some injury, generally from excessive muscular efforts; striking symptoms, such as sense of faintness, or sinking, palpitation, dyspnœa, &c., marking its occurrence. It is not easy to conclude what the nature of the injury is which the heart receives in these cases, no distinct inflammatory disease supervening. We quote his concluding observations on this topic:—

> "But is it quite certain in these cases that the hypertrophy and dilatation really came from a material injury done to the heart at the time of the shock? In neither of them did the heart present the visible traces of any such injury as could be conceived to proceed immediately from violence. Still I do not know that any thing short of absolute disruption must necessarily leave the characteristic marks of itself ever afterwards. It is conceivable that the injury itself might not be of a permanent nature, and yet abide long enough

to lay the foundation of permanent disorganization. Further it is possible that, in these same cases, causes might have been found in other parts of the body (for such, it will presently appear there often really are) entitled to a share in producing what was found in the heart. Nevertheless the shock, that had been suffered in both cases, was a remarkable part of their clinical history. The patients themselves constantly ascribed to it the origin of all their malady. We cannot thererefore exclude it from our consideration, and may venture, without speculating further upon what cannot be proved, to regard it as in some manner powerfully conducive to the hypertrophy and dilatation of the heart, and to the fatal event."

The causes inducing this class of heart affections are often exterior to the heart, and may exist in organs remote, as well as near, and in the constitution at large. The operation of some of these causes is intelligible; others are, however, inexplicable.

Dilatation of the aorta leads to active or passive dilatation of the heart, to quote the language of the author, by "its own extraordinary efforts to overcome a virtual impediment to the circulation. Blood being immediately poured from it into a larger space than natural, requires from the heart an augmentation of its motive impulse." Most of the causes act directly, or, indirectly, in the same way; i. e., they produce disorganization by occasioning some impediment either to the free passage of blood from the heart into the arteries, or to the circulation through organs which stand in close relation to the central organ.

Dr. L., remarks "it has never occured to me to meet with active or passive dilatation (hypertrophy with, and without dilatation) in a body otherwise perfecly sound. The concomitant diseases have not indeed had at all times a strictly accountable connection with it; yet they have in a manner rendered its existence more intelligible." "But," he adds. "We must be cautious that we do not invert the real order of things. For the order of causation will be found to run as often from the heart to other organs, as from them to the heart." The relations of heart disease to affections of other organs, and to the condition of the general economy, constitute a subject of great pathological interest, and one upon which it behoves the practical physician to bestow close attention both in the abstract, and in the investigation of individual cases.

The next three lectures of the work before us are devoted to the principles of treatment of the several diseases of the heart whose diagnosis, clinical history, causes, &c., have been considered. We shall present the general views advanced by the author with as much condensation as practicable.

In affections consisting of permanent valvular lesions, the treatment does not, of course, embrace any expectations of cure in the ordinary sense of the term. The sole object is to prevent the unsoundness from *becoming greater.* The evidence of valvular unsoundness, it is to be remarked, may be confined to the characteristic physical sign, the patient being not conscious of any disease whatever. An instance of this kind occured to us on the very day these remarks are penned. Other cases present themselves in which there is apparently perfect health to the observer, but the patient is aware that any exertions beyond a certain amount produce palpitations, dyspnœa, &c.

The details of treatment Dr. L., does not consider; they will be sufficiently obvious in every case in which the pathological condition of the heart and concomitant conditions are appreciated, the grand object being to moderate the operation of all existing causes and obviate new ones tending to produce impediment in the circulation, and excite the action of the organ. As Dr. L., remarks; "the first aim of the physician in such cases should always be to make the patient clearly to understand what his state is, and see the reasonableness of the advice that is given him. For his treatment, though it may proceed upon our suggestion, must be entirely carried on by himself. It must engage every hour of his life, and be allowed to interfere with all his habits, and conduct, and objects."

"A certain amount of valvular unsoundness may continue for years without apparently any increase, nor with the effect of shortening life. We may therefore under favorable circumstances entertain a rational hope that this may be the case, but a positive prognosis should seldom be ventured upon.

Dr. Latham differs from Dr. Hope, and most writers respecting the curability of hypertrophy. According to Dr. Hope, most cases of that affection, before the age of forty years, may be radically cured, if uncomplicated with valvular disease, adhesion of pericardium, &c. On the other hand, Dr. Latham says, "in the whole course of my experience I never yet met with a single instance in which I was perfectly satisfied that it was cured." He is of opinion that those cases in which the affection was supposed to exist and a cure effected, were instances of "mock hypertrophy." Such instances he regards as very numerous, occurring in the prime of life from a "rich and redundant blood," in the dyspeptic and sensitive, &c. He consideres it unsafe to diagnosticate hypertrophy from mere forcible impulse of the heart, although it may be a very prominent and persistent symptom. We should quote his remarks at length on this topic if our space permitted, for they appear to us, in so far as may be allowed to judge from our limited observations, both just and practically important. We suspect that errors of diagnosis are very common with respect to hypertrophy. Not a few cases have fallen under our observation in which the error has been clearly declared by the result. The practical importance consists in the danger of depleting, &c., for the cure of that affection, when other, and different remedies would have been far better for the patient. We conceive it to be desirable to impress upon practitioners great caution in deciding upon hypertrophy when there are no evidences of valvular or pericardial lesions, more especially as, under these circumstances, it is extremely rare, when compared with the numerous instances in which palpitation, &c., result from mere disturbance of the innervation of the organ. At the same time, it is not to be forgotten that the converse mistake would be fraught with disagreeable consequences.

Dr. Latham enjoins extreme care not to carry blood-letting too far in cases of hypertrophy. He says six or eight ounces should be the limit, by way of experiment, in any case with which there has been no previous acquaintance. Anæmia is to be carefully avoided. To quote the author's language, "it is an awful condition when it is added to hypertrophy in whatever way it arises."

Dr. L., in equally skeptical concerning the curability of atrophy and softening. With respect to the former he holds the following language:—

"As to attenuation of the heart, when it is a special disease of the organ itself, I cannot flatter myself that I ever cured it even in its simplest form. The complex form in which it commonly appears, may be safely pronounced incurable. The heart which is attenuated is commonly softened, and the heart which is attenuated and softened has commonly one, or both, of its ventricles dilated."

Softening, when it occurs in connection with fevers, chlorosis, &c., being dependent on conditions of the blood, and system at large, may be relieved by the treatment due to the latter; but when it occurs irrespective of these general conditions, it is hopeless.

"The patients are in the decline of life, or they have forestalled the season of old age by intemperate habits. Their nervous system may be shattered; their arteries may have undergone extensive changes of structure: their livers may be enlarged, their kidneys may be granulated. All of these forms of disease may be, and some of them are sure to be, conjoined with softening of the heart, before it comes to be known and to be treated."

The four lectures next following are devoted to the effects of heart disease as manifested in other organs, and the secondary affections resulting therefrom.

One of the most palpable of these effects is a distended, overloaded state of the veins, which is more apparent in the larger, superficial venous trunks, but more or less visible in all parts of the body.

Pulsation, or quivering, is sometimes observed, generally not extending beyond the jugulars, but occasionaly noticed even in the large veins of the hands and feet. This is attributable to a retrograde impulse communicated by the right ventricle through the tricuspid valves, but it does not necessarily indicate that these valves are unsound. Dr. Hope thought that this symptom might be produced without involving any regurgitation through the right auriculo-ventricular orifice. Dr. Latham adduces an anatomical fact, first pointed out by Hunter, to explain it, viz:—that these valves, in their healthy state, do not act so perfectly as barriers to regurgitation, as do the valves in the left ventricle. He regards this as an important provision, admitting of regurgitation when the heart is overloaded, and thus, obviating accidents which might otherwise befall the lungs from an overplus of circulating fluid.

Dr. L., states that "dilatation of the right cavities is often the heart's sole or principal form of disorganization from first to last."

In this, his experience differs, (if we do not mistake) from that of Dr. Hope, who regarded affections originating, or confined to the right side of the heart, as extremely rare.

From the accumulation of blood in the venous system arising from some impediment to the circulation through the central organ, follow *congestions*, *effusions*, *hemorrhages*, and *inflammations*.

The following propositions are submitted as expressing the sum of his remarks upon the limits which are to be considered as bounding our expectations from therapeutics in the several secondary forms of disorder just mentioned:—

"1st. That the fact of congestions, or effusions, or hemorrhages, or inflammations having their actuating cause in an unsound heart prohibits the possibility of their cure in *the highest sense*, and limits the expectations of medicine to their suspension, their abatement or their temporary removal.

2dly. That the form of unsoundness in the heart furnishes a measure of calculation, how much medicine will probably be able to effect in the individual case, whether it will go to suspend, or to abate, or even so far as to abolish them for a time.

3dly. That the presence or absence of coincident disease in other organs always modifies those expectations of relief by medicine, which the mere form of unsoundness in the heart itself would lead us to entertain.

4thly. That constitutional plethora and anæmia are grave contingencies when they are found in coincidence with an unsound heart, having an important bearing upon its consequences, and upon our modes of treating them, and upon our expectations of giving relief.

5thly. That, besides all these intrinsic conditions, the extrinsic accident of what may be the patient's circumstances in life throws a great weight into the balance for or against the probability of relief. The man, who, having an unsound heart, must traffic with his sinews, for his daily bread, has a poor chance of benefit from medicine.

6thly. That treatment has never more need of being favoured by opportunity than it has now.

Having thus formally stated the conditions intrinsic and extrinsic, which, being coincident with an unsound heart, give a character to its secondary diseases, and place them more or less within the reach of medical treatment, I shall venture to refer to them hereafter, without further explanation, as I may have occasion, when I come to speak expressly of these diseases and their management."

With respect to the location of the above mentioned secondary affections, the lungs are most liable to become their seat; next apoplectic coma, sometimes coming and going, no extravasation taking place, but, in other cases, true apoplexy resulting. Dr. L., has met with a case in which simply the violence of the heart's action upon the brain proved fatal without the lesions mentioned—the patient suffering from constant pain and vigilance, followed by mania and convulsions, and death occurring from exhaustion of the nervous system.

The liver is frequently found greatly enlarged, from the long continued accumulation of blood in its vessels. But the affection which in the language of the author "chiefly declares the all-pervading and all-subduing power of the original malady of the heart," is *general dropsy*. In the pathological view of dropsy as a consequence of diseased heart, it is to be considered, that, in one sense, it is conservative—that is, the escape of serum is a measure of relief to the over distended vascular system. It is only the evils arising from the accumulation of the serum in the serous cavities, and cellular tissue which renders it a serious consequence. From this view of the subject our therapeutical inductions are to be derived. Here we quote the words of the author:—

> "Seeing what nature is doing and must do, we can only go along with her, and seek to aid her in accomplishing her own purposes through other and less hazardous channels. Nature is seeking relief by directly evacuating the blood-vessels of their contents. We must try to gain for her the same relief by augmenting natural secretions, and so evacuating the blood-vessels through natural channels. The kidneys and the intestinal canal, and its subservient viscera, are the most eligible for the purpose.

The two concluding lectures of the work are occupied with the consideration of *angina pectoris*. The author relates some highly interesting and instructive cases of this obscure affection which have fallen under his observation, and the lectures contain much judicious practical advice with reference to its therapeutical and prophylactic management. We have, however, already extended this article so much farther than we had contemplated at the outset, that we must forego an analysis of, or extracts from this portion of the work.

In taking leave of the work (as a reviewer, for we do not bid adieu to it as a reader), we would repeat our acknowledgment of the gratification which we have derived from its perusal. As we have already said, it bears internal evidence of the earnest sincerity, and honest purpose of the author, not less than of his large and well improved opportunities for practical knowledge of the subjects of which he treats. These qualities furnish the chief reccomendations of works, which, like this, are designed to communicate important practical information for the medical practitioner. Mere literary merit is of secondary importance, although by no means unimportant even in treatises of that character. In the latter respect, this is without any ambitious pretensions, not to imply that it is particularly obnoxious to criticism. It would have been rendered more acceptable to the reader already somewhat conversant with the subject, if, instead of being in the form of lectures, which are apt to be discursive, it had been prepared with a more systematic, condensed, book-like arrangement, curtailed of many of its digressions and amplifications. But to the novitiate these are advantages rather than blemishes. As an introduction to the study of heart diseases, both for the student and practitioner, (for there are propably not a few of the latter who have given little or no attention to this department of practical medicine) these lectures are admirably adapted.

ART. III. *College Medical Dispensary.—Case Morbus Cordis.*

The following case, with clinical remarks, is selected from those which have occurred at the College Medical Dispensary since the former report, because it illustrates points connected with valvular disease of heart, to which reference is made in the foregoing review of Latham's work.

——— *Castle*, aged about 40, soldier, has lately returned, on sick leave, from Mexico. He has Pharyngitis, associated with chronic Laryngitis, producing hoarseness, some cough, and paroxysms of spasmodic contraction of the muscles of the pharynx and glottis, excited by the deglutition of liquids, so that they are at times expelled with force through the nostrils. I cannot satisfy myself of the existence of pulmonary disease. He has, also, a large nodosity in the neighborhood of the right knee-joint.

But, the feature of greatest interest in this case, is the presence of a loud bellows' murmur in the heart. This murmur is of a soft quality, and occurs at the termination of the first, or systolic sound. At what orifice is it produced? We are to determine this point by the timbre, or pitch of the murmur, the point in the præcordial region where exists its maximum of intensity, and the directions from that point in which the murmur continues farthest, and most audibly. Now the murmur is manifestly loudest over the apex of the heart—here is its maximum—it continues to be heard distinctly for some distance *below* this point. It is heard also over the body of the organ, but between the second and third ribs, over the sigmoid valves, it is indistinct, and disappears upon carrying the stethoscope *above* this point. Its pitch is low, approaching nearer to *who* whispered, than to *R*. From these circumstances it is to be inferred that the morbid sound is produced at the *mitral* valve, not at the aortic orifice.

Does it proceed from regurgitation through the mitral valve? The answer to this question is affirmative; because it occurs in connection with the first, or systolic sound. If the murmur were occasioned by the passage of the blood in its natural course through the left auriculo-ventricular orifice, it would occur with the diastolic or second sound. Besides, an audible murmur from this cause is extremely rare, while it is caused by regurgitation in the larger proportion of the cases in which this sign is present.

It is referred to the mitral, rather than to the tricuspid valve by the law of probalitities, the former being affected in the vast majority of cases.

We are then justified in diagnosticating a lesion of the mitral valve sufficient to permit regurgitation through the orifice which this valve, in its healthy condition, protects.

Let us now direct attention to the clinical history, and pathological relations of the heart affection in this case. The patient from early life has been subject to acute rheumatism. He is not aware that inflammation of the heart has ever complicated any of his rheumatic attacks. Does not remember that he ever suffered pain in the chest at those times, nor was medical treatment ever directed to the region of the heart. He has, however, doubtless at some former period, suffered from endocarditis, which has left the endocardium in a damaged condition. How long it may be since its occurrence it is impossible to say—perhaps many years have elapsed—the affection is probably of an old date. Whenever it occurred, it was at the time overlooked, from the absence of any obvious symptoms denoting the heart to be the seat of an inflammatory disease. The inflammation was of a low grade—subacute—and had it been recognized, the permanent injury perhaps could not have been averted, as it follows in a large proportion of cases, whatever measures are taken to prevent it.

The patient up to this time, and now, makes no complaint of any heart affection. He is conscious of no trouble, nor of any uncomfortable sensations in the præcordial region, has no palpitation, dyspnœa, nor other palpable evidences of impeded circulation in the organ. The impulse is not much, if at all increased, and the rhythm is natural. I observed on making an examination in the recumbent position, that on first lying down, there was considerable irregularity, which passed away in a few moments. His own sensations did not render him conscious of the irregularity.

The regurgitation has not, as yet, led to much hypertrophy, which is almost necessarily a result sooner or later. Probably the retrograde current is small in amount, and does not occasion much stagnation in the left auricle, and pulmonary vascular system. If it were otherwise, we should have evidences of the fact, not only in palpable signs connected with the heart itself, but in consecutive disorders of the pulmonary system, &c.

This case illustrates that the bellows' murmur, even denoting regurgitation, is not necessarily a sign of very serious disease. It has existed in this patient probably for years, and it may be many years before impediment to the circulation is produced sufficiently to occasion distressing symptoms, or fatal accidents. If not cut off by other disease, he may expect ultimately to suffer from well declared heart disease, which, either by itself, or by means of secondary affections, will shorten life.

The present condition of the heart calls for no medical treatment. There is no progressive disease there now, but only the irremediable results of former disease. It is, however, highly important for the patient's welfare that he avoid all causes which tend to excite the heart's action, to surcharge the vascular system, or to obstruct the circulation in any part of the system.

The Pharyngitis and Laryngitis are the affections now claiming medical attention. These I propose to treat by the topical application of a strong solution of the nitrate of silver, (ʒi to ℥i).

Case of Aneurism of the Aorta descendens producing symptoms of gastralgia.

Our readers will have observed among the cases reported in the May No. of vol. 2d, as occuring at the college Medical Dispensary, a case entitled *gartralgia*, a brief account of the history of which was given—see the No. referred to.

This patient subsequently came under the care of Dr. Cary, of this city, to whom is due the credit of detecting the source of the ailments which have incapacitated him for labor and comfort for more than a year past. On careful exploration of the abdomen, Dr. C., ascertained the existence of an aneurism, probably of the descending aorta. A distinct, although not very strong pulsation is perceptible just above the umbilicus. Whether this was noticed at my examination in November last I cannot say, not having kept any memorandum of that examination. The patient states that it existed a year ago. At all events, I failed to recognize the tumor, and I confess did not entertain suspicion of an aneurism. Upon examination, by request of Dr. Cary, I am satisfied that his diagnosis is correct. The tumor can be isolated both by the pulsation and by manual compression. It is globular, smooth like a cyst, and moveable from side to side. There is, also, a distinct *bruit de souffle*, or bellows' murmur, heard loudest just above the tumor. Here, then, we have the *sedes malorum* of the ailments which, in r general examination, appeared indefinite and obscure. Unfor-ıately the light shed on the case by the closer examination, and tact of Dr. C., does not afford a more encouraging view of its nediable character. As often happens, a correct diagnosis takes way expectations of cure which previously may have been entertained. I must cheerfully and gladly, however, embrace an opportunity to refer to the case, as well to do justice to Dr. Cary, as to enforce the great importance of exploring carefully, in all cases of like obscurity, for some palpable, localized lesions. There is a scientific satisfaction in thus tracing effects to causes, albeit we shall be unable to add to it the more agreeable office of encouraging our patients with the prospect of recovery.

ART. IV.—*Reflections suggested by the perusal of the lectures of Sir Astley Cooper.* By C. COLEGROVE.

DR. FLINT:—You publish cases—I wonder if you are favorably inclined toward speculations, comparisons, deductions, inquiries, &c., if they are reasonable and scientific, albeit there is not a pictured sprinkling of pains, diagnosis, terminations, and the varieties of medical record! Now I am not a venerable, chin-furrowed practitioner,—my notes of cases *are* brief and innumerous; but, *sum studens*, i. e., *qui literarum studio operam dat.* And *sed epistola est tam polita, quæ, nisi a studente, non potest scribi*, says Pliny. Pray, pardon my egotism. Forsitan, you will say I belie my quotation, or it condemns me. I am determined to try my fortune and pen, however, and if, (I know it is perilous) my undertaking makes me unpopular, and is a *contributary* bore, *from me, editorial* bore, *to thee*, toss my presumptuous furnishing into the stove, and I shall doubtless, be quill-dumb, a six-month. But if you scrupulously can, deign indulgence to my vanity and lack-ceremony. I always need—always expect clemency and consideration, otherwise I am a helpless, hopeless, forlorn superfluent, and a *dependent* I am compelled to be,—so is every body else.

My Dear Sir:—I have just finished the second reading of Cooper's Lectures. Dr. Rush, venerable, distinguished, erudite man!—in one of his Introductry Lectures, has this paragraph:—"Let us finally remember that there is a great difference between reading and study. The former may be compared to exercise, the latter to bodily labor. We read history and travels, but we study books of science. We rise refreshed from reading Robertson's history, of Charles V. and Bruce's search for the origin of the Nile, but we seek for repose, after studying the works of Sydenham and Hartly."

Sir Astley Cooper's Lectures on Surgery, in some respects imperfect, (and unequal to the original, as published, they doubtless are,) appear to me altogether beyond praise. I do not hesitate to own, the work involuntarily excited my highest, most disinterested admiration, not only of itself, its merit, its brief, perspicuous, logical style, its peculiar independence of language and reasoning; with its multitude of adduced examples, but, in natural course, of the renowned author also. Whether to place this in the first or last description of books, given by Dr. Rush, I hardly know. In fact, it belongs to both. It is study and relaxation at once, to peruse this volume. In the world of medical books, some of which I have seen, far fewer read, I am candidly unable to indicate one on Surgery, that in my judgment, is so comprehensible, clear, agreeable, dignified, improlix, and valuable to the student. Before my eyes, are many volumes. I read the names of Gregory, Good, Bell, Eberle, Thomas, and so forth. Now I had a neighbor—a year or two since, who occasionally inclined to peer into medical transactions, and written practice, and he had some discrimination. He could never, patiently, find the bottom of his page. He twisted, hemmed, spat, looked sometimes indignant, or scornful, yet persevered a little longer; and then in abrupt disregard of decorum, and defiance of all my desperately struggled for contradictory influence, gave the book a terrible blow with his clenched fist, or a contemptuous toss to a remote corner of the office, vehemently declaiming against the interminable and irrelevant references, theories, opinions, and all this like; that abound so intolerably in works on medicine. Mr. editor, he was half right, was he not? Is it not a characteristic dishonor to the medical art, and literature, that so many, and so speculative, silly, tedious, labyrinthine controversies, fancies, and theories, should find access to the best specimens of medical authorship? And how, or when, will this defect be remedied? Surely, no sensible reader can deny the great superiority of the work in question, on this very account. I write, unpredisposed. Limit, point, concise description, and an absolute rejection of theories, and whatever could be fancied super[illegible]ous, these qualities, so foreign to medical publications, *en masse*, render Sir A. Cooper's work and fame, doubly dear, and intrinsically superior. And when the requisites for professional permit, professorial adoption, and the common dignity of M. D., are so inconsiderable and a-stringent, is it not of the highest consequence that elementary books should be comprehensive, concise, straightforward in style, and void of adductions that complicate and discourage the inquisitive mind? Here is an expansive theme. How can I do it justice? Bear with me a moment longer. Who are the devoters of medical science? Many are young men of early and thorough education, faithful, laborious, and persevering discipline, and strong intelligence; but *the more*, rise, like an army from sowen dragon, teeth, unlettered, from the plough-furrow, and march straight into the dissecting room, in shirt sleeves, filling out according to statute, alternately in the physician's office, and the department of lectural instruction, the mere hasty three years of apprenticeship, study, and initiatory practice. It is true, many of this class, through great native energy and endowments, with constant practice and study, ultimately attain great eminence, and become the brightest ornaments of the profession. But how can it be posible that the period of preparation so brief, should be at all adequate, especially, since authors are so voluminous, theoretical, and contentious? That to investigate, treat, and control diseases, receive the responsibility of life or death continually, and plunge the surgical knife into an organization the most extensive, compound, and wonderful, should need less than half the patience and toil which are indispensable to the adjudication of contests, pecuniary interests, or even to the exercise of judicial functions! If these desultory suggestions are not unacceptable, I shall be most happy, at another time, to prolong the examination of a highly interesting and vitally important subject. To the genius, skill, decision, wisdom, mental strength, and acquirements—to the universal fame of Sir Astley Cooper, I can pay no meet tribute. Lest I offend, by prolonging this article too far, I close—saying, I am

Truly, and respectfully Yours,
C. COLEGROVE.

SARDINIA, June 5th, 1847.

ART. V.—*Observations on the term of Utero-gestation in man and inferior animals, &c.* By T. T. LOCKWOOD, M. D.

The following statistics, which have been collected with accuracy, may possess interest for some readers. My attention having been directed to the subject by a little incident occurring in my neighborhood, I was led to consult authorities on the term of utero-gestation, and I found not a little discrepancy of opinion. I then commenced keeping a note book of the term in some of the domestic animals, and the following results, relating to the Cow, are submitted:—

In *six hundred and twenty-one Cows*, *fifty* calved between *two hundred and sixty* and *two hundred and seventy days*; *five hundred and fifty-six*, between *two hundred and seventy* and *two hundred and eighty* days; *fourteen*, between *two hundred and eighty*, and *two hundred and eighty-six*; *one*, only, went *two hundred and ninety* days.

Five hundred and fifty of the cows were observed to have the mucus discharge, more or less, for twenty-four hours previous to calving. All that were noticed seemed to be very restless for twelve or fourteen hours previous, and when labor came on seemed to have regular pains.

Most of those that calved short of two hundred and seventy days, were heifers with their first calves; and all of them that went over two hundred and eighty days, were old cows with large abdomens.

The conclusion from these observations is, that a cow seven years old, and well built, will most probably go two hundred and seventy-six days.

The following experiments were made to ascertain the importance of the condition of *heat* in the same animal:—A two year old heifer was subjected to involuntary intercourse twice, and kept separate for the rest of the year. Conception did not follow. This experiment was tried in three instances with the same result.

The actual duration of the term of gestation in the human subject was ascertained in the following cases:—

———, aged 19, duration 272 days, first confinement. ———, aged 30, first confinement, duration 276 days. ———, aged 17, duration 270 days. ———, aged 44, seventh confinement, duration 284, the child weighing fourteen pounds.

BUFFALO, June, 1847.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Reports on the separation of the business of Teaching and Licensing. (Reports adopted by the Medical National Convention; continued from page 54.)

Two reports were submitted to the convention on this subject, both of which were accepted, and recommitted to a committee to report at the next meeting of the American Medical Association. Although these reports assume essentially the same ground, yet, as it would be invidious to select between them, each being excellent, we publish both. We are the more led to do this, inasmuch as the subject has excited considerable discussion, especially in this state, and we should not like to be suspected of withholding any communications from a desire to further partizan views.—EDITOR BUFF. JOUR.

The Committee to whom was referred the following resolution, passed at the Medical Convention, held in the City of New-York, in May, 1846—*viz.*

Resolved, That the union of the business of teaching and licensing in the same hands is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on medical colleges, and state and county medical societies, it should be restricted to one board in each state, composed in fair proportion of representatives from its medical colleges and the profession at large, and the pay for whose services as examiners should in no degree depend on the number licensed by them—Respectfully report:

That they have carefully considered the resolution referred to them, and submit the result of their deliberation to the consideration of this Convention.

The resolution embraces two distinct subjects, each of which requires separate examination and discussion. *First,* it is stated that the union of the business of teaching and licensing is wrong in principle, and liable to great abuse in practice. There can be no question that the union of the business of teaching and licensing is liable to great abuse in practice, like the performance of all other important duties which devolve upon so fallible a being as man; but it is not quite so clear, or admits so readily of demonstration, that such union is wrong in principle. On the contrary, it would, at first sight, seem most natural to conclude, that those appointed to give instruction in the several branches, which constitute a suitable medical education, would be the best qualified to judge what proficiency the candidate for license had made, and whether he was qualified to practice or not. In this Convention it is believed that there will exist no difference of opinion, in relation to the abstract question, of the fitness of the teachers to judge of the qualifications of candidates for licenses of degrees. It will probably be admitted, that, taking teachers as a body, they are at least as well qualified to conduct the examinations, and to judge of the fitness or unfitness of candidates to be invested with the privileges of the profession, as any other class of practitioners. If this be conceded, it must also be conceded, that is not wrong in principle, or morally wrong, to unite teaching and licensing in the same hands. Then, if it be not wrong in principle, is it inexpedient to unite the two powers, because their union is liable to great abuse in practice? What are the abuses complained of, which, in the estimation of so many respectable members of the profession, call for a separation, to effect which, such sweeping changes are proposed to be made in the organization of our Medical Societies and Medical Colleges?

The abuse most loudly complained of, is, that in consequence of the great multiplication of medical schools in the United States, there exists such a competition for students, such a desire to have a long catalogue of names, and a goodly list of graduates, that almost every person who has gone through the prescribed course is allowed to pass, and that thus the people are imposed upon, and the character of the Profession degraded. It cannot be denied, that there is but too much truth in this charge, and too much ground for complaint. In perhaps every Medical School in the Union, the requirements for degrees are too low, and the honor, if such it may be called, is too unsparingly bestowed. But is it the fault of the colleges altogether that the requirements are so low? Has the profession thus far united in calling for higher attainments? The great complaint is that *some colleges* do not enforce rigidly and honestly the existing legal requirements, low as they are. There is reason to believe, that some of the oldest and most flourishing schools are as open to this charge as the obscure and comparatively unimportant ones. Hence much of the strong feeling now existing against all colleges in the profession. But while some Institutions enforce all the existing legal requirements in good faith, is it just to involve them in the same indiscriminate condemnation with those which abuse their privileges? The best remedy for the evil, the Committee are inclined to think, is to establish a more uniform and a more elevated standard of requirements in the several colleges for the doctorate, and to introduce into the board of examiners in such colleges, as do not already possess such a check, a sufficient number of gentlemen of the profession, not engaged in teaching, to insure that the requirements will be honestly enforced in every case.

For the present, at all events, it is deemed more prudent to reform the boards we have, than try the experiment of creating new ones—a reform is required, but not a revolution,

Another complaint is, that the pupils of teachers meet with more favor than others, and are allowed to pass, even when unqualified. There may be such cases; but this is a minor evil. It would be difficult to find a board of examiners, where favoritism would not, now and then, find access. Another ground of objection, rather insinuated than openly advanced, is, that the examiners may be influenced by the fees received for the degree or license, to pass persons they would otherwise reject. Most of the members of this committee have long been members of boards of examiners, and not feeling conscious of having, on any occasion, been influenced by such groveling considerations themselves, are, therefore, unwilling to believe,.without the most positive proof, that such a charge, against professors, or censors, is well founded, or entitled to any consideration from this convention. If it be true, that the above-mentioned are the principal objections to the mode at present in use, to obtain licenses and degrees in medicine, (and they are almost the only ones the Committee have heard suggested, it would seem to be a matter of no great difficulty to correct any abuses that may exist, without having recourse to a new and untried tribunal, such as is proposed in the resolution referred to the Committee.

In favor of leaving the colleges in undisturbed possession of the privileges now possed by them, several arguments, entitled to consideration, may be adduced. 1st. Several of the institutions possess the privilege of conferring degrees, having the validity of a license to practice the different branches of medicine, as a vested right of which even the legislature cannot deprive them. Without their consent, therefore, no uniform rule applicable to all the States can be adopted, and uniformity is essential to the successful working of the reform contemplated.

2d. Under the present organization each school has it in its power to elevate or degrade the value of its diploma; and to make the possession of it an honor, or otherwise, according to the character of the school from which it emanates. The faculty of each college is interested in maintaining the reputation of the institution with which it is connected.

3d. The character of the graduates of an institution will, in a great measure, depend on the character, as men, and as teachers, of the Professors. When the Professors are men of elevated sentiments, the students insensibly imbibe the same high tone of feeling. The young graduate is proud of seeing the names of men whom he honors and perhaps venerates attached to his diploma; while teachers cannot fail to be gratified in attesting to the qualifications of diligent and well-deserving pupils. It may well admit of doubt whether it would be advantageous to break up this sympathy between students and their instructors.

4th. The teachers have the best opportunities of knowing the characters and capacities of candidates, from witnessing their general deportment in the class rooms, and at the several examinations to which, in most institutions, they are subjected, during the lecture terms. The necessity of good behavior, and regular attendance, for obtaining a degree, contributes greatly to secure that discipline and decorum in the class rooms so essential to the advancement of the pupil, and the success of the teacher. If the Professors were to be excluded from the board of examiners, or not to have a preponderating control, their influence over their classes would be greatly impaired. Every one knows that the conduct of a medical class depends almost entirely on that of the advanced students, and that among such of those as are not influenced by higher and more honorable considerations, the fear of the examinations operates as a powerful check on unruly behavior.

The Committee leave it to the Convention to dedide, whether the arguments in favor of the present mode of granting diplomas in the colleges, are sufficient to counterbalance the abuses said to be connected with it.

The second division of the resolution proposes that "instead of conferring the right of license on medical colleges, and state and county medical societies, it should be restricted to one board in each State, composed in fair proportion of representatives from its medical colleges, and the profession at large, and the pay for whose services as examiners should in no degree depend on the number licensed by them."

Before entering upon any discussion of the merits of the suggestions contained in this part of the resolution, the Committee would bring to the recollection of the Convention, that at the present time there is scarcely a State in the Union, in which any license to practice medicine is required, and that consequently, if the degree of M. D., or the license of a Medical Society possess any value, the value is derived from the character of the source from which it emanates, rather than from any privilege it brings with it to the recipient. So far as the public is concerned, a simple certificate, signed by any association united for the purpose of teaching, if composed of men of eminence, would posess as much value and validity as a degree conferred by an incorporate college. The wish of the profession, seems to be to establish some uniform standard throughout the United States, so that the title of Licentiate in Medicine, or Doctor of Medicine, shall imply on the part of the possessor or recipient of such titles, the possession of some definite amount of knowledge and acquirement, both in his own profession and in general science. For the want of some such standard these medical titles are in some States respected, in others justly despised.

It is the opinion of this Committee, after a full consideration of the subject in all its bearings, that it is not at present expedient to recommend that the granting of licenses and degrees should be restricted to one board in each State. Where there already exist State and County Medical Societies, it is believed that it will be better and safer to improve the present organization and working of these, than to attempt a new organization.

The Committee cannot conceive of any plan by which a more full, and a more fair expression of the views of the profession can be obtained, than by the organization of County Societies and State Societies, to be composed of delegates representing said counties. There can scarcely exist a doubt that, if proper exertions were made by the united profession, a law might be enacted in every State of the Union for the incorporation of such societies, and requiring that a license should be obtained by every person before he could be recognized as a regular practitioner of medicine. But even if an act of incorporation could not be procured, voluntary associations upòn the same general plan, would accomplish substantially the same purposes. They could determine the conditions on which persons would be admitted into the respective associations, which would soon have the force with the profession of a legal enactment. Without some such laws or associations among the respectable members of the profession, empiricism must prevail, as it does now, to a fearful extent.

As the wants of all classes of the community ought to be provided for, the Committee are of opinion that the requirements for license should not be so high as to place it beyond the reach of persons in moderate circumstances; whilst those for the degree of Doctor in Medicine should be such as the possession of so high an academic honor was designed to imply.

It may be said that the lives of the poor and humble are as valuable as those of the rich, and that, therefore, they ought to have as good physicians and surgeons. That may be all true; but we must take the world as we find it. In every country the great mass of the population are attended by medical men of inferior acquirements. The skill of a practitioner, however, does not depend so much on general accomplishments as on his strictly medical education; and is often happens that the comparatively illiterate general practitioner, is a better and safer medical adviser than the graduated and finished scholar.

If the requirements for license be placed too high, in the existing state of society in this country, the license will be altogether dispensed with, and persons will engage in practice without it. The question is not, between the present plan of medical education and the best that can be suggested; but between that which is now common, and the best that is practicable, and can at the present time be enforced.

From the general tenor of those remarks the Convention will gather that the Committee are not in favor of making any radical changes in the existing modes of obtaining licenses and degrees. They are of opinion that the Convention will be more usefully employed in recommending such measures as will correct the abuses that are known to exist, and in advising such alterations in the course and duration of study to be pursued in future by students, as will tend to elevate the medical profession and to render it more useful and more respectable. It is deemed inexpedient, at the present session, to introduce any subject, likely to mar the harmony of the Convention, or to lessen the influence of its deliberations.

In accordance with these views the Committee offer the following resolutions.

Resolved, That inasmuch as an opinion prevails to a considerable extent in the profession, that certain abuses have crept into some of the medical colleges, namely, that they confer degrees upon persons who have not fully complied with their own requirements, or on those who do not possess the requsite amount of knowledge to entitle them to such distinction, it is deemed expedient, by this Convention, in order to satisfy the just wishes of the profession, and to remove just grounds of complaint, that such colleges as do not already possess mixed boards of examiners, should consent to have associated with them in the examination for degrees, some members of the profession not engaged in teaching, or otherwise interested in such institutions.

Resolved, That the number of boards for granting licenses in the several States should be as limited as would comport with the convenience of examiners and candidates in each State.

Resolved, That it would conduce to the elevation and usefulness of the profession, that the regular and respectable members of it should form themselves into county or district societies, and that those societies should be represented in a State Medical Society, in such ratio to the whole number of each society as may be agreed upon as most proper—that each State Society should appoint such a number of boards for examining and licensing candidates as may be thought advisable, according to the size and population of the State.

Resolved, That when a college or colleges of medicine exist in a State, it be recommended to such colleges to invite a delegation from the State Society to be present at the time of the examinations for the admission of candidates for degrees, not for the purpose of embarrassing the faculty or candidates, but to satisfy the wishes of some portions of the profession, and relieve the institutions themselves from the imputations to which some of them seem to be at the present time exposed.

JAS. M'NAUGHTON, Chairman.
THOMAS COCK.

The undersigned, members of the committee to whom was referred the following resolution of Dr. Bartles, viz:—

(Second Report on the same subject).

Resolved, That the union of the business of teaching and licensing in the same hands is wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on Medical Colleges and County Medical Societies, it should be restricted to one board in each State, composed in fair proportions of representatives from medical colleges and the profession at large, and the pay for whose services as examiners should, in no degree, depend on the number licensed by them,—respectfully Report

That the resolution referred to them, asserts a principle, and proposes a plan of action in conformity therewith—they will, therefore, consider it under these two aspects—and, first, as it relates to the principle involved in the union of teaching and licensing in the same hands.

If the resolution means to affirm that there is a moral wrong involved in this union, they cannot accord with it; they believe that medical teachers may confer the right to practice in good faith, and with a full conviction of the momentous responsibility which they assume, and they doubt not that there are medical faculties who perform this duty with strict integrity and impartiality, according to the received standards now recognized by the profession.

Nor can it be denied that, at the period when medical colleges were first organized in our country, the right of granting the license to practice, formed a wise and salutary feature in their policy. The best talent of the country was concentrated in the few medical schools which then existed. The number of students was comparatively small, and physicians were thinly scattered over the country.

Perhaps it would have been difficult at this juncture, to have vested the power of granting the degree, in any boards as competent to exercise it, as were the medical faculties of the several schools. To them the profession, with one accord, entrusted it, and that it was worthily exercised, according to the recognized standards of those times, we presume no one will deny.

We cannot concur, therefore, in the broad principle laid down in the resolutions before us, though we fully indorse the sentiment, that the union referred to is liable to great abuse in practice.

Within the past few years, the business of medical teaching has partaken largely of that spirit of active cempetition which is so peculiarly fostered by republican institutions. With the vast additions to our territory, the amazing increase of population, wealth, and general education amongst the people, there has been a corresponding activity in all of those pursuits which furnish honorable and profitable employment to those who engage in them. Amongst the most attractive of these to the medical man, is the business of public instruction.

Enthusiasm in the pursuit and diffusion of knowledge, ambition to excel in one of the most honorable of human avocations, a desire for social position and pecuniary emolument, all animate the breast of an aspirant for a professional chair. These motives are in themselves fair and praisworthy, and when maintained in their proper relations, and swayed by high moral principles, they constitute powerful incentives to meritorious exertion. Competition in the business of medical instruction does not necessarily imply a compromise of these principles. Under proper restrictions it may indeed be beneficial in stimulating the energies of institutions which might otherwise become dormant and inefficient. It has already accomplished much in this way, and is destined to be further beneficial in developing new sources of knowledge, and in perfecting plans of instruction.

Were men always disinterested, and true to the high impulses and generous sentiments of our nature, the interests of our profession would be in no danger from the most active competition. If the prevailing desire of all parties engaged in medical teaching was to elevate the standard of medical education, if rivalry between colleges consisted in efforts to extend and amplify their courses of instruction, and to establish a high reputation for scientific acquirements for their respective institutions, regardless of the popular demands for short sessions and superficial courses—then, indeed, would competition become the very life of progress and reform. But it is too often the case, that men engaged in the same pursuit, where the spirit of rivalry is active, and constantly stimulated, in their zeal for the interests or reputation of a favorite institution, will overlook considerations of public utility.

In corporations this tendency to deviate from a high standard is particularly strong, for in such bodies the responsibility of public acts is divided, and the sense of individual accountability is thereby weakened. Without attributing, therefore, to our medical colleges any extraordinary deviation from the line of integrity, we think it will be admitted that the circumstances under which they are now placed give them a downward tendency, and has produced, in some of them at least, a relaxation in their rules, and a consequent depreciation of the value of the degree.

A conviction of this general decadence was, we conceive, one motive which prompted the call of the first National Medical Convention held in New-York, and the reference of the subject under consideration to your committee by a large majority of that body, evinced their interests in its discussion.

When it is remembered that the medical diploma, as granted by the Colleges of the United States, confers the right to practice, and is not, as in many of the institutions of Europe, a mere Academic honor, which renders its possessor eligible for future examinations, it is not surprising that there should be throughout the medical community a deep interest in the just and impartial exercise of so important a trust. Nor should it be considered an improper interference with the rights of individuals or corporations, if this national body should inquire into the source from which this high power emanates ; and into the means best calculated to restrict its undue exercise, if it should be abused to the injury of the profession.

The first question which presents itself in this connection is, what legal restraints now exist to the granting of the degree? or, in other words, what is the policy or practice of legislative bodies in this respect? We presume there will be no difference of opinion in this Convention that legislatures have recently been very liberal in granting charters to Medical Colleges. Nor will it be denied, that, in dispensing legal powers to these corporations, but little attention is bestowed by the mass of legislators, upon their influence and tendency upon the interests of science or of the profession. They are voted to applicants very much as are charters for banks, rail-roads, or manufactories ; and legislative bodies rely upon the judgment and common sense of the people either to sustain or reject them, leaving each institution to stand upon its own merits.

That this is the tendency of modern legislation is evident from the fact, that irregular practitioners have been able to obtain legal powers to teach their doctrines, with a facility corresponding with their political or private influence at the seat of government. Our science receives, in fact, no substantial support from government, and, in some instances of recent date, where partial protection had been long extended, it has been withdrawn. As an evidence of this fact we would refer to a law passed by the Legislature of Missouri at its last session, one section of which declares, "Every person, or co-partnership of persons in this State, who shall follow the practice of law for a livelihood, in whole or in part, is hereby declared to be a lawyer ; and every person, or co-partnership of persons in this State, who shall follow the practice of medicine for a livelihood, in whole or in part, is hereby declared to be a physician."

These remarks are not intended as casting any censure upon the legislatures of our country. As the fountains of law, the conservators of social order, and the media through which the popular will is expressed, these bodies demand, and should receive the respect of the citizen.

Your committee only desire to state their views of the actual relation which subsists between legislatures and medical corporations, and especially to direct attention to the fact, that the bodies which distribute these high powers, do not presume to judge of the qualifications of men to exercise them, or to institute any rigorous investigation into the manner in which they may act under them.

If this view of the case be correct, it becomes a question how far this liberal policy is conducive to the best interests of medical science, and whether some check should not be placed upon the power of granting licenses to practice, by the profession itself.

If, in the institution of medical colleges or schools, the granting of the diploma was restricted to its original objects, viz., to attest the proficiency of the student in the several branches of knowledge in which he may have been instructed, without conferring upon him any special privileges, or investing him with legal rights; then the facility with which charters can be obtained, and the consequent multiplication of schools, would be comparatively harmless.

But it is easy to perceive that, under the present system, very defective schools may live and flourish, and even outstrip the more competent. All colleges possessing alike the power of conferring the right to practice—the diploma of the inferior institution bestows the same privileges at the cost of less time and money than those of a higher grade; and as nearly all of these institutions are acknowledged by each other, it follows that a large class of students who may not choose to avail themselves of such facilities of instruction as are absolutely essential to ground them in the principles of medical science, will spend all, or a portion of the short period devoted to their studies in that school which will give them the most easy access to the ranks of the profession. On the other hand, inferior schools, struggling for an existence against their more powerful rivals, will use every effort which ingenuity can suggest to induce an attendance upon their courses.

Thus it is that medical education may be divested of its exalted aims, and be pursued more for the advantage of private individuals or institutions, than for the promotion of science—and for the good of humanity.

From the views now presented, it will be perceived that the undersigned concur in the proposition that, abuses consequent upon the union of the business of teaching and licensing in the same hands, are now apparent, and that unless some decided change in the policy of legislative bodies should be effected, or some measures should be instituted by the profession itself, to guard the exercise of this power, their abuses will continue to exist.

The undersigned will now proceed to the second branch of the resolution of Dr. Bartles, viz: "Instead of conferring the right to license on medical colleges, and on State and County medical societies, it should be restricted to one board in each State, composed in fair proportions of representatives from medical colleges, and from the profession at large; and the pay for whose services, as examiners, should in no degree depend on the number licensed by them."

The undersigned prefer to discuss the general question of a remedy for the evils which they have endeavored to point out, without being bound by the specific proposition contained in this part of the resolution.

How far the entire separation of teaching from licensing, would be effectual in checking the progress of the evils complained of, they are not prepared to determine. Admitting, however, that this would be an important measure, would it be practicable, in the existing state of things, to effect it?

The first inquiry which here presents itself is, could the medical colleges be deprived of a right with which they have been legally invested, without their consent? This question is readily answered —they cannot. Nor can this right be interfered with any further than those who possess it may be disposed to modify or surrender it.

But it may be asked, suppose this power shall be abused, to the injury of the medical profession, and to the degradation of medical science? must its unrestrained exercise be permitted without an effort on the part of those most interested to check the progress of the evil? We answer, certainly not. And this brings us to the consideration of the means adapted to this important purpose.

We have before adverted to the inefficiency of legislative aid in sustaining sound scientific institutions, and have endeavored to point out the fallacy of a dependence upon bodies constituted as are our legislative assemblies in matters relating to science.

But there is a power more potent than that exercised by legislatures, or by the corporations which they may create; *it is the influence of combined and harmonious action directed to a special object, by the great body of the medical profession.* This power, which is popularly termed public sentiment, is, in this country at least, the most potential agency which can be brought to bear upon the errors or vices of the age, in whatever form they may be presented. It is, in fact, the source of law, and, in a republic, constitutes the mighty lever by which the powers of government are moved, and its decrees enforced.

Now, we must bring this great lever to bear upon the errors and abuses which exist in the medical profession, and if well directed, and skilfully applied, there cannot be a doubt that it will prove more effectual in removing them than appeals to legislation, or any partial attempt to remedy special evils.

The first step in this work, is to bring the medical profession together as a united body—to organize into a great family or brotherhood, bent upon the elevation and advancement of our common calling—to do, in a word, what this Convention at its first organization, as its first act, resolved to do, viz., "to institute a National Medicine Association, for the promotion of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness."

To another committee has been entrusted the duty of presenting to this body a plan of organization adapted to this purpose; this done, and the initial step has been taken in the great highway of progress. Let the physicians in States and portions of States throughout our widely extended territory, combine together on the basis which this national association may recommend, and let these various subordinate bodies move in harmony with each other, and with the great central body, of which they form a part, and it is impossible that the deliberations or decisions of the profession thus united, can fail to command respect and allegiance from its individual members, from medical corporations, private associations, and from the public.

It will not be necessary, under such organization, to make any attempt to wrest from medical colleges their high powers. We have but to urge in the spirit of kindness, but with firm resolve, such changes in the existing plans of medical education, or in the modes of examination, as appear to be most imperatively demanded for the protection of our common interests, and for the good of humanity—and the colleges which are dependent on the profession for favor and support, will respond to the appeal.

Already we have an earnest of the sentiments of some of the gentlemen attached to these institutions, which inspires the hope that they stand ready to yield to the decision of the medical body. There are amongst the professors of our medical colleges, men, whose lives have been devoted to the improvement of science, and the advancement of every measure calculated to elevate the medical character; in whose minds selfishness or avarice cannot be brought into competition with public utility, or with the behests of humanity. If, on an examination of the subject which is now forcing itself upon our attention, they become convinced that a change from the existing order of things is demanded, they will not be deterred from aiding in its accomplishment by any personal considerations. How far this feeling may pervade the entire body of professional teachers, we cannot of course determine, but that they are the sentiments of some wielding an extensive influence, and occupying the highest positions, we feel assured.

If, then, the National Medical Association should embody, as we believe it will, a large portion of the respectability and intelligence of the profession throughout the United States, and should assume a permanent and well disciplined form, we feel assured that any changes in the existing order of things which it may propose to the medical colleges of the country will meet with the most respectful consideration.

The interests and reputation of the colleges are, in fact, closely identified with the great body of the profession—the schools live and flourish by the support which they derive from the medical practitioners throughout the country—the great mass of their students are from the offices of these gentlemen, and their advice and influence must generally determine a student in the choice of his school.

The country practitioners form the great bulk of the medical community—they are the medical public, and the popular will is expressed through them. Their voices are now heard in tones of remonstrance against what they consider the abuse of the high power of conferring the right to practice medicine, and they are coming up here to this great national gathering, to adopt measures for the protection of our common interests. If, as one of these measures, the National Medical Association should ask that the body of the profession should have a voice in the selection of judges of the fitness of candidates for the doctorate, we cannot doubt that this right will be yielded, at least by those institutions who desire to mantain their connection with the National Association.

There is certainly nothing unreasonable in this request. When it is considered that in our profession the members are mutually dependent on each other for character and support, the privilege of deciding who shall be of the fraternity, is especially important; and if medical colleges, owing to any mal-administration of their affairs, or from being organized in a defective manner, throw into our ranks men who are incompetent to exercise the high responsibilities thus conferred upon them, it is the duty of the medical community to adopt measures for their own protection, and to ask for a participation, at least, in the exercise of this responsible duty.

The precise mode in which the profession may exercise a supervision over the granting of the degree—whether they shall establish independent boards of examination, or shall be associated with those now in force, is a question which your committee are not now prepared to discuss.

The object in this brief report is merely to re-affirm the existence of great and growing abuses in our systems of medical education, and to assert the rights of the great body of the profession to adopt such regulations for the government of the medical institutions of the country as their assembled wisdom may dictate.

The undersigned are not favorable to any sudden changes in the existing order of things—the positions and responsibilities of the National Association must be defined—abuses must be first exposed and great principles must be discussed belore we can expect to, decide upon definite plans of action.

The report on the organization of National Medical Association, now before the convention, contemplates the exercise of the powers to which we have alluded, and has wisely established a standing committee of its body to have charge of the subject of Medical education. To that committee, this subject might, we think, be appropriately referred, with a view to future action.

The undersigned would further remark, that the report of the Committee on the Requirements for a Degree, also before the Convention, would, if adopted, exercise an important influence upon this question. If the curriculum of study is increased, and the terms lengthened, a very salutary check will be placed upon the too hasty or incautious exercise of the power of conferring the degree. And those Colleges who come into this arrangement may be viewed by the profession in such a light as to take away all occasion for complaint on this head.

The necessity for immediate changes in this branch of the system is thereby obviated, and the Convention may, we think, safely leave the question for future consideration.

With these views, the undersigned would respectfully submit the following preamble and resolution for the action of the convention.

Whereas, A general sentiment prevails in the medical profession that the active competition existing amongst the Medical Colleges of the Union has a tendency to lower the standard of professional requirement, and to depreciate the value of the degree,

And whereas, The facility with which charters for medical corporations are obtained from our state governments, exposes the medical profession to the continuance and increase of these abuses, inasmuch as these corporations possess alike the power of granting the license to practice;

Therefore resolved, That, in the opinion of this Convention, some additional checks to the exercise of this right should be established by the great body of the medical profession.

ISAAC PARRISH,
JAMES R. MANLEY,
THOMAS COCK,
JOHN W. FRANCIS.

Report upon Registration of Births, Marriages and Deaths.

The Committee appointed by the National Medical Convention, held in May, 1846, to consider the expediency and (if expedient) the mode of recommending and urging upon the several State governments the adoption of measures for a Registration of the Births, Marriages and Deaths of their several populations, respectfully Report:—

That in their deliberations upon this vitally important subject, the *expediency* of such a recommendation has not for a moment admitted of a doubt. They believe the medical profession of the United States would unhesitatingly and unanimously approve the recommendation, and that such a step, by their representatives assembled in this Convention, would receive a universal sanction.

A uniform and systematic Registration of Births, Marriages and Deaths, appears to be a measure somewhat difficult of accomplishment in populations like ours, and must, necessarily, rely upon the energy and intelligence of comparatively few to carry its provisions into effect, yet it is of such primary importance to the best interests of the people, as to justify our urging its adoption upon the several State governments, with the confident belief that when its merits are once fully understood, all will unite in its support.

With regard to the second branch of the subject submitted to us, the *mode* of recommending the adoption by the several States, of measures for this purpose, there would seem but one course for the Convention to pursue, and that is, to address the State governments upon the subject. To this end, your Committee have prepared a document in the form of an address, which they propose, if accepted should be signed by the officers of the convention, printed, and properly transmitted.

As this whole subject is one which can, in its primary aspect, be fully appreciated by but few others than the members of the medical profession, it must depend, in a great measure, upon *their* efforts for its successful accomplishments, and where such exceedingly desirable and valuable results are attainable, your committee will not suffer themselves to entertain the thought that it will be permitted to fail, through negligence on the part of their professional brethren in the different sections of country.

Your Committee respectfully submit the following resolutions for adoption by the Convention:—

Resolved, 1st. That it is expedient for this Convention to recommend to, and urge upon the various State governments, the adoption of measures for procuring a Registration of the Births, Marriages and Deaths occurring in their several populations.

Resolved, 2d. That a Standing Committee be appointed by the Convention to take a general charge of the subject, and report annually to the Convention.

Resolved, 3d. That the State Medical Societies be requested to assume the duty of carrying out the objects embraced in the first resolution; and that in those States where no organized societies exist, the delegates therefrom in the present Convention, be charged with the duty for their respective States, and report to the Standing Committee.

Resolved, 4th. That in procuring the Registration, the forms and nomenclature adopted, should be, as nearly as possible, similar to those prepared for, and reported to, the Convention.

Resolved, 5th. That the paper hereto annexed, be adopted as the voice of the Convention, be printed, and signed by its officers, and transmitted under their direction to all the State governments of the Union.

All of which is respectfully submitted.

JOHN H. GRISCOM,
GOUVERNEUR EMERSON,
A. CLARK,
CHAS. A. LEE,
JAMES STEWART.

Philadelphia, May 5th, 1847.

The United States National Medical Convention, assembled in the City of Philadelphia in May, 1847, desirous of the promotion of the true and vital interests of the people of their common country, in all their varied locations, circumstances and conditions, do respectfully recommend to the governments of the several States of the Union, the adoption of measures for a GENERAL REGISTRA

From the general tenor of those remarks the Convention will gather that the Committee are not in favor of making any radical changes in the existing modes of obtaining licenses and degrees. They are of opinion that the Convention will be more usefully employed in recommending such measures as will correct the abuses that are known to exist, and in advising such alterations in the course and duration of study to be pursued in future by students, as will tend to elevate the medical profession and to render it more useful and more respectable. It is deemed inexpedient, at the present session, to introduce any subject, likely to mar the harmony of the Convention, or to lessen the influence of its deliberations.

In accordance with these views the Committee offer the following resolutions.

Resolved, That inasmuch as an opinion prevails to a considerable extent in the profession, that certain abuses have crept into some of the medical colleges, namely, that they confer degrees upon persons who have not fully complied with their own requirements, or on those who do not possess the requsite amount of knowledge to entitle them to such distinction, it is deemed expedient, by this Convention, in order to satisfy the just wishes of the profession, and to remove just grounds of complaint, that such colleges as do not already possess mixed boards of examiners, should consent to have associated with them in the examination for degrees, some members of the profession not engaged in teaching, or otherwise interested in such institutions.

Resolved, That the number of boards for granting licenses in the several States should be as limited as would comport with the convenience of examiners and candidates in each State.

Resolved, That it would conduce to the elevation and usefulness of the profession, that the regular and respectable members of it should form themselves into county or district societies, and that those societies should be represented in a State Medical Society, in such ratio to the whole number of each society as may be agreed upon as most proper—that each State Society should appoint such a number of boards for examining and licensing candidates as may be thought advisable, according to the size and population of the State.

Resolved, That when a college or colleges of medicine exist in a State, it be recommended to such colleges to invite a delegation from the State Society to be present at the time of the examinations for the admission of candidates for degrees, not for the purpose of embarrassing the faculty or candidates, but to satisfy the wishes of some portions of the profession, and relieve the institutions themselves from the imputations to which some of them seem to be at the present time exposed.

JAS. M'NAUGHTON, Chairman.
THOMAS COCK.

The undersigned, members of the committee to whom was referred the following resolution of Dr. Bartles, viz:—

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That the resolution referred to them, asserts a principle, and proposes a plan of action in conformity therewith—they will, therefore, consider it under these two aspects—and, first, as it relates to the principle involved in the union of teaching and licensing in the same hands.

If the resolution means to affirm that there is a moral wrong involved in this union, they cannot accord with it; they believe that medical teachers may confer the right to practice in good faith, and with a full conviction of the momentous responsibility which they assume, and they doubt not that there are medical faculties who perform this duty with strict integrity and impartiality, according to the received standards now recognized by the profession.

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Perhaps it would have been difficult at this juncture, to have vested the power of granting the degree, in any boards as competent to exercise it, as were the medical faculties of the several schools. To them the profession, with one accord, entrusted it, and that it was worthily exercised, according to the recognized standards of those times, we presume no one will deny.

We cannot concur, therefore, in the broad principle laid down in the resolutions before us, though we fully indorse the sentiment, that the union referred to is liable to great abuse in practice.

Within the past few years, the business of medical teaching has partaken largely of that spirit of active cempetition which is so peculiarly fostered by republican institutions. With the vast additions to our territory, the amazing increase of population, wealth, and general education amongst the people, there has been a corresponding activity in all of those pursuits which furnish honorable and profitable employment to those who engage in them. Amongst the most attractive of these to the medical man, is the business of public instruction.

refined sensibilities, greater energy, and a better regulated state of public and private morals. These results *have obtained in Geneva.*

In Prussia these measures are attended to in a mode deserving the highest commendation. Every fact relating to the health, lives and condition of the population, is there collected with great care by a central officer at Berlin, and published for the benefit of the people. The most beneficent results have accrued from the admirably arranged statistical returns made for several years past in England. Of more than one large town, but of Liverpool especially, it was ascertained that the mortality was great, and the average age at death of the population low, whereas before, the inhabitants had boasted of their salubrity and longevity. The registration has, to them, truly proved the means of increase of health and years, after removing from their eyes the scales which blinded them to their own destruction.

In many of the European states besides those mentioned, facts in connection with this subject are registered, and collated, in the most scientific and systematic manner, and, to use the language of a distinguished American statist, "whatever we Americans may say to the contrary, the average longevity, in many places, where these measures have been in operation, appears greater than with us," Indeed we have no little reason to apprehend that unless something is done to arrest the progress and pressure of the causes of premature mortality in this country, we shall be in danger of possessing only a very young and immature population. The average age of death in many of our large cities, as far as returns enable it to be shown, is under 20 years, a fact which can only be due to the unfavorable physical circumstances of the people, and their ignorance of the true means of living and avoiding disease.

The registers of the ancient Romans, which were preserved with great care, and recorded the births, sexes, periods of puberty manhood, age at death, etc., kept by order of Domitius Ulpianus, prime minister of Alexander Severus, afford us the means of ascertaining the mean duration of life in Rome nearly 2000 years ago, and comparing this with the results of estimates made at the present day in places where similar records are kept, we are thus enabled to establish the gratifying fact of the great extension of the average period of human life in various cities and countries.

Of the results obtainable by the suggested measure, in connection with the census returns now regularly made in each of the United States, not the least important and desirable are *tables exhibiting the probabilities or expectation of life.*

By this simple and elegant method, the mean duration of life, uncertain as it appears to be, and as it *is*, with reference to individuals, can be determined with the greatest accuracy in nations, and in still smaller communities. This is important not merely in reference to the payments of life annuities, and the business of life insurance, whose great value is but just beginning to be felt in this country, but it is of inestimable interest, as determining to individuals their probabilities of living in their different classes, occupations, locations, and habits. "As it might be expected from the similarity of the human organization, that all clases of men would *cæteris paribus*, live, on an average, the same number of years, it becomes important to ascertain whether this be the case, and if it be not, to determine to what extent life is shortened in unfavorable circumstances. The Life Table answers this purpose, and is as indispensable in sanatary inquiries as the barometer or thermometer, and other instruments, in physical research· Upon applying it to any number of well-selected cases, the influence of any external cause, or combination of causes, can be analyzed; while without its aid, and extended observation and calculation, we are liable to be misled at every step by vague opinions, well-concocted stories, or interested statements, in estimating the relative duration of life; which can no more be accurately made out by conjecture, than the relative diameters of the sun, moon, and planets of our system."*

If these things are so, and of their truth there cannot remain the shadow of a doubt, it is plain that with this measure are entwined the highest earthly interests of humanity, and it belongs to the legislators of the New-World, the guardians and custodians of the interests and glory of the American Republic, to consider well ere they longer postpone the adoption of a measure so essential thereto. "A comparison of the duration of successive generations in England, France, Prussia, Austria, Russia, America, and other States, would throw much light on the physical condition of their respective populations, and suggest to scientific and benovolent individuals in every country, and to the governments, many ways of diminishing the sufferings, and meliorating the health and condition of the people; for the longer life of a nation denotes more than it does in an individual,—a happier life—a life more exempt from sickness and infirmity—a life of greater energy and industry—of greater experience and wisdom. By these comparisons, a noble national emulation might be excited, and rival nations would read of sickness diminished, deformity banished, life saved—of victories over death and the grave,—with as much enthusiasm as of victories over each other's armies in the field; and the triumph of one would not be the humiliation of the other, for in this contention none would lose territory, or honor, or blood, but all would gain strength." (*Idem*).

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*Fifth Annual Report of the Registrar-General in England.

EDITORIAL DEPARTMENT.

The Vapor Controversy.—The contest for the credit of the discovery of the pain-preventing vapor, like the Mexican war, seems less likely to terminate the more it progresses. We referred, in our last number, to a pamphlet, published by Mr. Horace Wells, of Hartford, with the view of substantiating his claim to priority; within a few days, we have received another, by Dr. Gay, of Boston, in advocacy of the claims of Dr. Jackson. From a survey of all the circumstances pertaining to the history of the rise and progress of the discovery, in so far as they have come to our knowledge, it appears to us that the credit does not belong exclusively to either of the claimants, but, measurably, to all. Mr. Wells, it would seem, was the first to be impressed with the conviction that *inhalations* might be rendered available for the object, sufficiently to institute a series of experiments, and to endeavor to enlist the interest of the profession in the subject. His experiments were, for the most part, made with the nitrous oxide; yet, in so far as the merit of orginality in the *idea* is concerned, it may be fairly questioned if the choice of exhilarating vapor is a very important circumstance. Moreover, Mr. Wells adduces evidence to show that in one instance, at least, he made trial of the ether, but was led to abandon it. Mr. Wells' efforts, however, failed in exciting much attention. In his publication, he would imply that Drs. Jackson and Morton derived the idea from him. With reference to the former of these gentlemen, we may be permitted to say, that few, if any, who know the position which he occupies, as a man of science, and a gentleman, will be ready to believe that he would enact the part of a plagiarist in this, or any other matter. We do not doubt that with Dr. Jackson the idea was original, and that he is entitled to the merit of originality; but he does not appear to have appreciated, fully, its importance, else it is inconceivable that he should have been so dilatory in instituting observations, and in bringing his discovery before the profession. The information which, as represented in Dr. Gay's pamphlet, Dr. Jackson communicated to several individuals, seems to have been given in a casual manner, very unlike, as one would suppose, the enunciation of a fact so novel in its character, and so important to humanity, as we presume Dr. J., as well as others, now regards the discovery to be.

Dr. Morton appears to have a participation in the matter rather practical than inventive. It is claimed for him that he was indebted to no one for the suggestion of the ether; but we do not recollect that any testimony is adduced in support of this statement, and the evidence presented by Dr. Gay goes to show that he was unacquainted with the properties of ether prior to the hint furnished by Dr. Jackson. We must say this fact involves a degree of ignorance hardly imaginable in one who prefixes the title of *Dr.* to his name, and we were somewhat inclined to suspect that it was feigned, in order to subserve some particular ends. At all events, Dr. Morton was not slow in perceiving that the idea was worth acting upon, and that without delay; and the credit of carrying it into practice, demonstrating its success, and bringing it into adoption, seems due to him.

In the present posture of affairs, something like a *pro rata* division of the discovery appears to us most reasonable, and just to all parties; but, if either of the disputants are really entitled to it exclusively, we sincerely hope that in the end it will so appear, and that the profession will be able to give the honor to him to whom it appropriately belongs.

First Commencement of the Med. Department of the University of Buffalo.—The first commencement of the above Institution was held on the 16th ult., in the First Presbyterian Church, of this city.

The Exercises commenced with a fervent prayer, by the Rev. Mr. Hopkins, Pastor of the First Presbyterian Church. This was followed by Music, by the Choir of the Church. Hon. Mr. Fillmore, Chancellor of the University, then delivered an address, giving an historical account of the educational enterprises heretofore undertaken here—the rise and progress of this institution, and urging, in an emphatic, forcible manner its claims upon the liberality of our citizens, in order that its character and permanency may be secured.

Next followed Music by the Choir; when the Chancellor conferred the degree of M. D. upon the following gentlemen :—

Henry D. Garvin, Buffalo, N. Y.
John P. Dudley, Buffalo, N. Y.
George Bruce Parker, Trenton, N. Y.
John M. Hardy, Canada West.
James Albert Whiting, Canada West.
Samuel Culver Rogers, Cortland, N. Y.
William Ring, Tompkins, N. Y.
Miron Holmes Andrews, Eaton, Mich.
Zara Hurd Blake, Dansville, N. Y.
Wells Taber, Honeoye, N. Y.
Bela E. Phelps, Herkimer, N. Y.
Sidney Aldridge Foss, Mount Washington, Ky.
Horace Stewart Lindley, Mansfield, Ohio.
J. E. King, Warren, Pa.
Henry W. Bennett, Jamestown, N. Y.
Delois M. Norton, Covington, N. Y.
George Abbott, New York, N. Y.

After the diplomas were conferred, Professor Hamilton delivered an impressive and eloquent charge to the graduates.

The Exercises concluded by Music by the Choir, and benediction by the Rev. Mr. Schuyler, of St. John's Church, of this city.

We have thus chronicled not only the first commencement of the Medical College, but the first event of the kind which has ever transpired in our flourishing city. The occasion was one of much public enthusiasm, and was justly characterised by the Chancellor, in his address, as marking an era in the history of Buffalo. The general interest manifested, from the first, in our youthful institution, has been greatly enhanced by the encouraging success which has thus far crowned the enterprise. So far as we know, no Medical Institution in our country, with a single exception, ever commenced with so large a class as attended the first session of this school. Efforts will be at once made to secure, by the time the lease of the present building expires, the erection of a commodious edifice ;

and we feel that we are justified in anticipating for the institution, the speedy and full realization of the most sanguine expectations both of the public and profession.

Agreeably to the request of the graduates, the addresses by Mr Fillmore and Professor Hamilton have been published in the *Commercial Advertiser*, of this city.

Committees Appointed to Report at the next Meeting of the American National Association.—The following are the standing Committees, appointed by the President and Vice-Presidents of the Medical Association, to report at its next meeting, at Baltimore, on the first Tuesday in May, 1848, as ordered by the Constitution of the Association :—

Committee on Arrangements.

Dr. G. C. M. Roberts, Balt., Chairman.

Dr. A. C. Robinson, Balt.
" J. H Briscoe, "
" J. R. W. Dunbar, "
Dr. Wm. Power, Balt.
" W. T. Leonard, "
" C. Bell Gibson, "

Committee on Medical Sciences.

Dr. S. Henry Dickson, S. C. Chairman.

Dr. J. P. Jervy, S. C.
" Robert Bridges, Phil.
" J. W. Francis, N. Y.
Dr. Wm. T. Wragg, S. C.
" Wm. Power, Balt.
" T. Romeyn Beck, N. Y.

Committee on Practical Medicine.

Dr. Joseph M. Smith, N. Y. Chairman.

Dr. Rene La Roche, Phil.
" John Harrison, La.
" H. M. Bullitt, Mo.
Dr. J. Beck, N. Y.
" Isaac Wood, "
" G. S. Camman, "

Committee on Surgery.

Dr. George W. Norris, Phil., Chairman.

Dr. Isaac Parrish, Phil.
" John Watson, N. Y.
" A. L. Pierson, Salem, Mass.
Dr. Jacob Randolph, Phil
" H.H. M'Guire, Petersburg, Va.
" C. Bell Gibson, Balt.

Committee on Obstetrics.

Dr. Harvey Lindsley, D. C. Chairman.

Dr. G. C. M. Roberts, Balt.
" J. Riley, D. C.
" R. W. Haxall, Richmond, Va.
Dr. W. Channing, Boston.
" C. R. Gilman, N. Y.
" S. Annan, Lexington, Ky.

Committee on Medical Literature.

Dr. Oliver Wendell Holmes, Chairman.

Dr. E. Hale, Boston.
" G. C. Shattuck, Jr., "
" D. Drake, Louisville, Ky.
Dr. John Bell, Phil.
" Austin Flint, Buffalo.
" W. Selden, Norfolk, Va.

Committee on Medical Education.

Dr. Alexander H. Stevens, Chairman.

Dr. Amos Twitchell, Keene, N.H.
" B. R. Wellford, Fredericksburg, Va.
" Arnold Naudain, Phil.
Dr. R. D. Arnold, Savannah.
" F. Campbell Stewart, N. Y.
" L. P. Bush, Wilmington, Del.

Committee on Publication.

Dr. Isaac Hays, Phil., Chairman.

Dr. Alfred Stille, Phil.
" J. V. C. Smith, Boston.
" J. P. Garvin, Augusta, Ga.
Dr. J. R. W. Dunbar, Balt.
" Gouverneur Emerson, Phil.
" Caspar Morris, "

Committee on Indigenous Botany, under the Resolution of Dr. N. S. Davis.

Dr. N. S. Davis, Binghamton, N. Y. Chairman.

Dr. S. W. Williams, Mass.
" Eli Ives, Conn.
" Engleman, Mo.
" W. A. Cheetham, Tenn.
" Jos. Carson, Pa.
" Charles Short, Ky.
" E. E. Phelps, Vt.
" A. Twitchell, N. H.
" T. C. Dunn, R. I.
" Lyndon H. Smith, N. J.
" James Couper, Del.
Dr. A. C. Robinson, Md.
" Frederick Marx, Va.
" J. P. Porcher, S. C.
" J. Le Conte, Ga.
" Cartwright, Miss.
" Carpenter, La.
" John M. Bigelow Ohio.
" G. Norwood, Ind.
" Merryman, Ill.
" Russell, Mich.
" J. Riley, D. C.

Ship Fever.—The last No. of the New-York Annalist gives the following account of the prevalence of the ship fever among the emigrants of the city of New-York:—

> " Emigrant ships crowded with sick and starving passengers continue to arrive daily in our harbor. Our hospitals are crowded to overflowing, and tents, barns, &c., are needed to contain the sick, until sheds can be constructed to receive them. The end of this crying evil, it is impossible to foresee. A foolish and infuriated mob, a few days ago, burned the buildings formerly used as nurseries on the Long Island Farms, which were intended to receive the convalescent from Staten Island. The deaths by Typhus, during the week ending from May 22 to May 29, were 49."

The Academy of Medical Science, have adopted the following resolution.

"*Resolved*, That a Committee of eleven Fellows be appointed by the Chair, to visit the public and private Hospitals in which it abounds, for the purpose of investigating the subject of said Fever, with special reference to its causes, symptoms, treatment, and pathology, and report to this Academy as soon as the objects for which it is appointed shall have been accomplished."

The Annalist states that the committee have already commenced their labors.

The disease, as we learn from the newspapers, prevails, also, extensively among the immigrants at Philadelphia, Boston, and Quebec. A few cases are said to have occurred at this city.

Inhalation of Sulphuric Ether.—As the controversy of claimants, for priority of discovery, appears to more than keep pace with test and reports on the utility of its administration, a looker on is led to believe the desire for according laurels is deemed paramount to the settlement of the question whether there are many, if any laurels to cope for,—unless they are to be made *specific* in mode suggested by a recent Prussian (Berlin) newspaper; that is, by subscription throughout that country, restricted to two groschens per head—in order that all may have an opportunity to reward rising merit—and the sum total be remitted to Dr. Jackson, whose claims in that country, for the present, appear to be in the ascendant!

Of the many claimants for priority, our attention has not been arrested by any which ante-date lectures on Materia Medica, given by the late Prof. *S. Colhoun*, Jef. Med. Col., Philadelphia—whereof notes in our possession taken during the term 1837-8 run thus:

Ethers.—Are made by pouring acids on alcohol—and then distilled. Alcohol should be one-fifth higher than water for medicinal purposes.

Sulphuric.—In Hysteria, combined with aqua ammonia—pains in the stomach (spasmodic)—Hooping-Cough, *inhale the vapor. Habitual use, if nervous, may return the complaint.* Local cramps Strangulated hernia—Toothache, one drachm externally.

Removes fatty matters in medical preparation, dose ʒi.

Nitric.—*Chloric*, is the best anti-spasmodic.

We wish merely to call attention of parties most interested, to these teachings of the late Prof. COLHOUN, trusting there may be found among his pupils some one with more tenacious memory to fill up these meagre notes—or by reference to the manuscript lectures to give farther information as to the extent which he used inhalation and thus aid in rendering "honor to whom honor."

As a whole, we, individually, would be inclined to look upon the whole controversy as a small affair, did we not see the subject in our periodic journals taking, and tenaciously holding place of matters of more interest. With multiplication of gladiatorial claimants, it is to be hoped this war will be ended by mutual onslaught, and the last remaining individual be restrained within modest bounds—through fear of its repetition from unknown quarters—and, from the plenitude of dear bought wisdom, be induced to concede that at this present, as of old, "there is nothing new under the sun," at least, worth quarrelling about! W. T.

Resignation of Prof. Hare.—Prof. Hare the distinguished chemist, who for so many years has occupied the chair of Chemistry in the University of Pennsylvania, has resently resigned his professorship. We have not, as yet, learned who is to be his successor.

Vacant chair in the Med. Dept. of the University of the city of N. Y.

We perceive by some of our exchanges that applications for the chair rendered vacant by the decease of the late Prof. Revere, are advertised for, until the middle of August next. By the constitution of the University, appointments are made by the Council, upon nomination by the Medical Faculty.

Compliment to Dr. J. P. White, Prof. of Obstetrics and Diseases of Women and Children, Med. Dept. University of Buffalo.

On the conclusion of the lectures by Prof. White, in the Medical Department of the University of Buffalo, at its late session, the class appointed a committee to express their high sense of his professional attainments, as exemplified in his valuable course of instruction; to tender their congratulations on the success attending his first professorial labors, and to acknowledge their obligation for his kindness and courtesy in all their official and social relations during the session.

BIBLIOGRAPHICAL NOTICES.

Catalogue of Anatomical Preparations. By J. C. & D. Hyatt. New York City. 1847.

"*Itaque, ista naturae rerum contemplatio, quamvis non faciat medicum, aptiorem tamen medicinae reddit.*"—Com. Cels., Praefat.

This is a volume of no mean dimensions, wholly occupied by a synoptical description of the various preparations manufactured by those gentlemen. The materials of which the articles are made, is a secret which belongs only to the inventors, and from which they are in a fair way of securing a golden harvest. Among many other things, we notice the "*Complete Model of a Man,* which can be separated into 130 parts, and showing 1,700 objects in detail"—price $250. A "*complete larynx,* much magnfied, and showing all its anatomy in detail"—price $5,00. The eye, magnified;—deformed female pelvis;—seven periods of utero gestation, &c., &c. They also keep for sale, carefully prepared, skeletons, pathological specimens, &c., Such an establishment has long been needed in this country; and we congratulate the profession that hereafter they will not be compelled to depend upon foreign countries to furnish their cabinets. F. H. H.

The Pathological Anatomy of the Human Body. By Julius Vogel, M. D., Professor of Clinical Medicine at the University of Giessen. Translated from the German, with additions, by Geo. E. Day, M. A., and L. M. Cantab, &c. Illustrated by upwards of one hundred plain engravings. Philadelphia. Lea & Blanchard. 1847. 8vo. pp. 534.

This is a treatise on *general* morbid anatomy, comprising the results of chemical and microscopical investigations, which, within a few years past, have given a new aspect and character to this fundamental branch of philosophical and practical medicine. It is a valuable addition to medical literature, and is entitled to be considered a standard authority on the subject of which it treats. Our present purpose is to present to our readers, in a future number, an analytical notice of some portions of this work. The author promises another treatise, to be devoted to the pathological changes affecting special organs.

A System of Human Anatomy, General and Special. By Erasmus Wilson, M. D., Lecturer on Anatomy, London. Third American, from the Third London Edition. Edited by Paul B. Goddard, A. M., M. D., Professor of Anatomy, &c., &c., in the Franklin Medical College, of Philadelphia: with two hundred and thirty-three Illustrations by Gilbert. Philadelphia. Lea & Blanchard. 1847. 8vo. pp. 610.

The high estimation in which this work is held by the profession, has already created the necessity of a third edition, both in this country and Great Britain, although it is but a few years since the first edition was issued. We believe it is recommended in most of our medical colleges, as one of the best of text books for the anatomical student. It embraces a summary of the recent developments in histology, and, in all respects, appears to represent the present advanced condition of the science of anatomy.

A Treatise on the Diseases of the Eye. By W. Lawrence, F.R.S., Surgeon Extraordinary to the Queen, &c. A new edition, edited, with numerous additions, and one hundred and seventy-six illustrations, by Isaac Hays, M. D., Surgeon to Wills' Hospital, &c. Philadelphia. Lea & Blanchard. 1847. 8vo. pp. 859.

The original work, by Lawrence, as a comprehensive, accurate, and practical treatise on ophthalmic science, is only equalled by that of M'Kenzie, of Glasgow. As presented, however, to the American student and practitioner, with the copious and valuable additions by Dr. Hays, it certainly has no superior. All who are desirous of availing themselves of the most modern and approved principles in this interesting and important province of surgical science, should not fail to possess the latest edition of this sterling work.

New York Medical and Surgical Reporter.—This Journal is now discontinued.

BUFFALO MEDICAL JOURNAL

AND

MONTHLY REVIEW.

VOL. 3. AUGUST, 1847. NO. 3.

ORIGINAL COMMUNICATIONS.

ART. I.—*A treatise on diseases of the air Passages, comprising an inquiry into the history, pathology, causes, and treatment of those affections of the throat, called Bronchitis, chronic Laryngitis, clergymen's sore throat, etc., etc.* By HORACE GREEN A. M., M. D., &c, New-York and London, Wiley and Putnam, 161 Broadway, 1846. 8vo. pp. 275.

If the commotion produced by a new work could satisfy the expectations of authorship, Dr. Green has reason to congratulate himself upon the success of the treatise whose title page is prefixed to this article. He is, at least, secure against a calamity most dreaded by authors, that of the utter indifference and silence of the public. "And what said the world to your three paradoxes," asked the Vicar of Wakefield of his son who was recounting the history of his literary career—"the world said nothing," was the reply. The world has had much to say in the present instance, but all that has been said, if the author be fastidious, cannot have been entirely agreeable. One would hardly have supposed that a small, and apparently unpretending volume on diseases of the air passages, could have given occasion for much excitement among medical readers, still less with the public generally; yet such has been the fact. The merits and demerits of the book, and more particularly of the author, have been the subject of warm discussion, not unmixed with asperity, both in medical serials and in the newspapers. To such an extent, and with such acrimony has the controversy been pursued, that a contemporary has styled it, not inaptly, the "bronchitis war." The author and his work appear to be unfortunate in both friends and opponents, the extravagant laudations of the former, having been, perhaps, not less prejudicial than the severe criticisms of the latter. We have waited with some impatience for the work which has created so much tumult, and at length we have to acknowledge its reception. We have endeavored to give it a candid examination. We purpose to present to our readers, in the first place, a synopsis of those portions which possess novelty, or are practically important; we will, next, offer such considerations as our own reflections and observations have supplied; and, finally, we will devote some little space to the personal matters in controversy. In the latter, we shall have the advantage of being able to survey the *battle field*, after the smoke and din of the conflict have in some measure subsided, and, we may be permitted to add, without participating in any local or personal prejudices, if any such have influenced either party in the contest referred to.

The title page of the work challenges some critical notice. It may be said that an author has a right to christen his literary offsprings by whatever names he chooses, and is only amenable to criticism on the score of taste. This, however, allows a latitude which may be abused. A title page, in a certain sense, is like a descriptive label attached to mercantile wares—it is intended to inform the purchaser what he is buying. Hence, it may not only be an offence against good taste, but a deception, implying that the work is what it is not. We do not attribute any intentional fraud of this kind in the present instance, yet the author has inadvertently laid himself open to the imputation. The work pro-esses to be a "treatise upon the air passages, comprising" &c. Now this implies that it embraces the diseases to which the bronchi, ir vesicles, &c., are subject; but the fact is, it has not this comprehensive scope, and is *devoted* to the affections which are said to be *comprised* in it. On the back of the volume we have *Green on Bronchitis, &c., &c.*, but bronchitis is only incidentally, and very cursorily noticed. The title page farther announces that the work comprises an inquiry into the history, pathology, &c., of "those affections of the throat called Bronchitis, chronic laryngitis, clergyman's sore throat, &c." We would inquire by what latitude of signification can *bronchitis*, be included as *a disease of the throat!* Nor is Laryngitis properly so denominated in a scientific, or tecknical sense. The burthen of the work relates to *Pharyngitis* and *Laryngitis*, but the former is not even mentioned in the title page. We presume these are faults of carelessness, but, as such, they are hardly excusable, and in no unkind spirit we take the liberty of advising the author to correct them in another edition.

The first chapter is occupied with the "*Anatomy of the* Larynx; *Trachea, and Bronchi.*" We adopt in our quotation the punctuation of the author, who places a semicolon after *Larynx.* We know no reason for this, except, it be to intimate that the Trachea and Bronchi are dismissed with a very brief description.

Chapter II, relates to the "*Physiology of the Mucous Follicles.*" These chapters contain nothing but what is to be found in common anatomical treatises.

Chapter III, "*Pathology of the Throat, Larynx, and Bronchi.*" In this chapter the author notices acute Laryngitis,and very briefly, bronchitis, in order, as he states, "to establish the proposition that there exists an abnormal condition of the throat, and the air tubes, constituting a distinct species of disease, and which, hitherto, has been confounded by writers, and medical practitioners, with other disorders of these parts, under the names of "Bronchitis," Chronic Laryngitis," &c."

We defer remarks which here suggest themselves, to present them in connection with chapter IV, the caption of which is, "*Follicular inflammation of the throat and air passages.*" Here the author repeats the statement above quoted, viz:—"That peculiar affection of the throat, which under the appellation of Bronchitis, Chronic Laryngitis, Clergyman's sore throat, etc., etc., has occurred, especially, during the last ten or fifteen years, so frequently among public speakers and others, consists primarily and essentially; as I shall be able I think to demonstrate; *in a diseased condition of the glandular follicles of the mucous membrane of the throat, larynx, and trachea.*" The point which we wish to comment upon, is the assumption of the author that *follicular disease of the throat*, as a special malady, has not been known anterior to his own observations and the present publication. Now, if we will consult Dunglison's Practice of medicine, edition of 1842, a work which has been in the hands of students and practitioners pretty generally from the moment of its emission from the press, he will find a distinct section devoted to this subject, under the head of "*follicular inflammation of the Pharynx.*" The learned author just named, gives a discription of the affection, coinciding in all essential points with that of Dr. Green, stating distinctly that he refers to the malady popularly known as Clergyman's sore throat. How generally practitioners have been in the habit of recognizing the affection we cannot say; we have ourselves had our attention directed to it, more or less, for the last ten years, and, we presume, this has been the case with most practical physicians The statement, or, at all events, the intimation of originality in regarding the affection as a special, and follicular affection, which Dr. G., seems to hold out, is, then, not capable of being sustained. Perhaps we do him injustice in supposing that this inference was intended. It is true that farther on in the chapter under consideration, he states that he has been able to discover no allusion to the essential nature and characteristic features of the disease *anterior to the last twelve or fifteen years*, yet, from the quotations already made, and the general tenor of his remarks, the impression left upon the mind of the reader is, that he claims to treat of a malady which, in so far as its pathology and clinical history are concerned, is new.

The author proceeds to the history of "Follicular disease of the throat and air passages." This, after a brief description, which is included in the symptomatology subsequently treated of, and to which we shall presently refer, embraces an account of 21 cases, occupying a considerable portion of the volume. These it would be difficult to analyze within reasonable limits, and this is the less necessary, inasmuch as they do not deviate in material points from the characteristic features embodied in the general description of the affection, and the diagnosis is seldom difficult.

Chapter VI, *Pathology of Follicular disease of the air passages.* The follicles may become hypertrophied, indurated, and ulcerated.

The follicular secretion looses its bland, transparent character, and is transformed into an acrid, adherent discharge, which becomes a source of irritation, and serves to extend the disease. The author has observed hemorrhage from the pharyngeal mucus membrane, the exudation of the blood being visible, but without any rupture,or obrasion being apparent. Pus may be secreted from the Pharyngo tracheal follicles. The author thinks that tuberculous deposits are sometimes found on the surface of the membrane lining the larynx, or collected in the mucus follicles of this cavity. In this opinion he differs from Louis, and some other authorities, but is sustained by Hope, Carswell, Williams, and others.

We extract the concluding portion of this chapter, giving a description of changes which the pharynx undergoes during the progress of the affection, and after recovery:—

> "One of the earliest, and most common alterations which take place in the mucous lining of the air-passages, in the early stage of follicular disease, is an increase in their thickness. Invited by the chronic irritation which has been set up in the diseased follicles, there is, at first, an additional quantity of blood received into the contiguous mucous, and sub-mucous cellular tissues. This is followed by an infiltration of serum, within the substance of these tissues, by which interstitial deposition, they are rendered swollen and pulpy.
>
> In the more chronic, and long-continued form of inflammation, an interstitial infiltration of lymph sometimes takes place, which renders the mucous lining more dense, and constitutes the true hypertrophy of this membrane.
>
> In almost all cases of follicular disease, however, there occurs, eventually, an opposite condition of things from the above: for, after the affected glands have poured out their increased, and vitiated secretion for a long time, not only are the surrounding, engorged membranes unloaded, and their increased thickness removed, but the sub-cellular tissues, and the pharyngeal muscles become atrophied; in part, probably, from the increased absorption which has been set up; and we then have, on inspection, those enlarged, or cavernous throats, so frequently observable in long-continued follicular disease, and to which, allusion has, more than once, been made.

Connected with, and following this morbid condition of the throat, is an interesting physiological fact, which it may bs proper here to mention. After the removal of the disease by a successful plan of treatment, a deposition of healthy, structural matter commences, and the calibre of the enlarged throat, is, in a short time, greatly reduced in its diameter. The filling up of the posterior pharynx, in these cases, usually commences, first, on the right side; so that, not unfrequently, the fleshy fibres of this side, will be, for a time, increased in thickness, to a considerable extent, beyond those of the left. The muscles of both sides become at length, fully, and equally developed; until this takes place, however, perfect, and natural vocalization will not be fully restored."

Chapter VII. *Causes of Follicular diseases of the air-passages.* —The author attaches some importance to *hereditary agency.* The strumous-diathesis is supposed to prove a remote cause. Climate seems not to exert a notable influence, cases occurring at the South as well as at the North. Constitutional debility, especially if it result from severe and protracted mental labor, conjoined with mental anxiety, is a prolific cause, in the author's estimation, and to this he thinks is due the fact that it prevails so extensively among the clergy of this country. It prevails more among males than females; hence, sex may be suspected to have some agency. As regards age, it occurs generally between the years of twenty-five and thirty-five. It is apt to succeed an attack of influenza. The affection came into notice shortly after the epidemic influenza which prevailed so extensively in 1830, and was probably due, in some measure, to that epidemic. Cases have multiplied shortly after each succeeding epidemic. In its connection with Dyspepsia, Dr. G., thinks it sustains the relation of cause rather than effect. It appears in some instances to be developed by the eruptive fevers. The exercise of the voice when constant, or regular, although excessive, does not seem to induce it, but when occasional, as in the duties of clergymen, it may be regarded as a frequent cause. Lastly, the author mentiones the use of tobacco as an exciting cause offerring a powerful obstacle in the way of recovery.

Chapter VIII. *Symptoms of Follicular disease of the air-passages* —Here we shall quote somewhat at length:—

"It has been stated, in a former chapter, that the access of follicular laryngitis, is, in some instances, so insidious, and its progress so gradual, that not unfrequently, it may continue many months, and make considerable advance, before the manifestations of disease shall be such, as to alarm the individual, or to call his attention, even, to the existence of the affection.

Ordinarily, however, soon after the mucous glandulæ have taken on a morbid action, there is perceived in the region of the fauces, an increased mucous secretion; and an uneasy sensation in the gullet or upper part of the throat is observed, attended by a frequent desire to swallow, as if some object, sticking in the passage, might be removed, by the act of deglutition; or, more generally, repeated attempts are made, by hawking, to clear the throat, and allay the irritation; all which difficulties are considerably augmented by every continued effort made to read aloud, to sing, or to speak, as in ordinary conversation. If the secretion from the mucous follicles of the throat be examined at this period, it will be found to be altered in its character,—being adhesive, and, in some instances, of an alkaline quality, and proving to be, by its effect on the mucous membrane, of an irritating nature.

About the same time, if the patient be accustomed to employ the voice, in public speaking, or in singing, there is apparent to a greater or less extent, a loss of power, in the vocal organs; uneasiness in the larynx, with, sometimes, pain on pressure. Hoarseness, is also present, which may be light, in the morning, or altogether absent, but which is increased, towards evening and after speaking longer, or louder than usual.

On inspecting the throat, the fauces and the posterior wall of the pharynx will appear redder than natural; and the mucous membrane covering these parts, will be deprived of its epithelium, injected, and studded over with enlarged mucous follicles. Sometimes, if the disease is recent, these glands will appear quite minute, and will be distinctly apparent, only, when the pharyngeal cavity is exposed to a full light. In other instances, they will have attained a size, sufficient to give a rough, or granular appearance, to the whole surface of the fauces; while the viscid, tenacious mucous, which is poured out by these follicles, in their morbid state, may be seen, coating the membrane, or appearing in patches, or marking its surface with white, or yellowish white striæ.

In some cases, several of the enlarged and morbid cryptæ will become confluent, and uniting, form angry looking tubercles, of the size of a split pea, which may be seen on the posterior wall of the pharynx.

In others, again, a deposition of textural matter takes place, and the follicle becomes indurated, and permanently enlarged; or it may be distended with pus, or with a morbid secretion which will exhibit all the physical properties of tuberculous matter.

If the affection has continued for some time, we shall frequently find some of the diseased follicles in an ulcerated state; these are generally first observed about the palatine arch, the posterior wall of the pharynx, and along the border, and on the laryngeal face of the epiglottis. In the first stage, these ulcers are small and superficial,—appearing in the form of ash-colored patches, surrounded by an inflamed, and slightly elevated base. Continuing, they at length destroy the mucous follicles; and, sometimes involve, not only the mucous, but the sub-cellular tissues in their progress.

Accompanying the above symptoms there are often found œdema and elongation of the uvula; and, in many instances, hypertrophy of the tonsils.

If the patient be exempt from all hereditary, phthisical tendencies, these symptoms may continue for years, without making any decided progress. At times, the unhealthy appearances will be nearly,or altogether absent,and will return again,whenever the individual is exposed to any of the ordinary, exciting causes. Some causes have come under my care, in which the disease,—its symptoms alternating in this way,—has continued for fifteen or twenty years; affecting only the follicles of the lining membrane of the air-passages; but, in other instances, where the disease had not been in progress, as many months, yet, where a strumous diathesis existed, I have found the lungs, in this period irremediably affected, although the disorder was entirely local in its origin, and had been limited, in its incipiency, to the pharyngo-laryngeal cryptæ."

Mental depression, the author has observed so constantly, that he is almost led to consider it characteristic of the disease. In this respect the state of mind contrasts strongly with that peculiar to Phthisis.

As regards ulceration about epiglottis, we extract as follows:—

"The existence of erosions, or superficial ulcerations about the epiglottis, in throat-ail, is a lesion, much more frequent, in its occurrence, than is generally supposed. In a large proportion of the cases of follicular laryngitis, which have come under my care, where the affection has been long continued, I have found more or less of ulcerations of the cryptæ of the epiglottis. These erosions are frequently found occupying the edge, or border of this fibro-cartilage; and they may, often, be seen, distinctly, by pressing down the base of the tongue, with a broad crooked spatula. By the same movement too, I have discovered, not unfrequently, deep and ragged ulcerations, burrowing in the fossæ, which are situated below the lenticular papillæ, at the base, or roots of the tongue, where the attachments between this organ, and the epiglottis exist. Ulcerations, occupying the latter position, are productive of much mischief; and, from their peculiar position, are very likely to escape detection. Unless great pains are taken, to draw the whole mass of the tongue, downwards and forwards, their situation will not be observed. Being protected by the abasement of the tongue, unless this organ is drawn forward, and depressed, in the manner just described, they are not, ordinarily, reached, by the topical application, in the attempt to cauterize the throat.

The symptoms which characterize the presence of these lesions, do not differ, essentially, from those which indicate the existence of ulcers in the laryngeal cavity; they are, soreness, on one, or both sides of the throat, just under the cornua of the os hyoides;

hoarseness, often, with more or less cough and expectoration of an opaque secretion—sometimes free—which seems to come from the opening of the wind-pipe, or very top of the throat. This expectoration is, frequently, increased after eating, and is sometimes, tinged with blood; or small masses of dark, almost coagulated blood, will be mingled with the sputum. Several cases have come under my notice, during the present year, where, topical measures having been employed, until the laryngeal affection had disappeared, these symptoms have remained, and have been found to depend on the existence of old ulcerations, in the above described locality."

The following is a description of the different appearances which the epiglottis may present:—

"The effects produced on the appearance and position of the epiglottis by ulcerations of its follicles, and of those of the larynx, are so uniform, under similar circumstances, that I have been accustomed to view the different aspects, presented by this organ in disease, as in some degree, characteristic of the location and extent, of the internal organic lesions. The appearances consequent upon these ulcerations, differ according to their seat and extent; but my observations have not been sufficiently extended to enable me to arrange, and classify, the facts obtained, with that precision which I hope,—by calling the attention of the profession to this subject,—may yet be accomplished, when more materials shall have been collected.

If the follicles, situated along the border, and on the laryngeal face of the epiglottis, become ulcerated, I have observed, that this organ, which in its normal state is slightly crescentic, loses this form, and appears flattened like the tongue; it is moreover, enlarged and thickened, and its border may be seen, frequently, serrated by the erosions.

When the cluster of follicles, which constitutes the epiglottic gland, becomes the seat of ulceration, the epiglottis will assume nearly an erect form, and be found incurvated, or its crescentic shape considerably increased; and when this lesion hss extended to the numerous glandulæ of the ventricles, and to those around the chordæ vocales, the above alteration of the form of the epiglottis, will be still greater; its lateral edges, will then be found rolled in towards each other, so that the organ will present, nearly a tubular form, with its convexity towards the dorsum of the tongue."

Finally, the affection may exist as a complication of Bronchitis, and of Phthisis. The latter affections are to be determined by their proper symptoms and signs. Dr. G., however, is of opinion, that, under these circumstances, life may frequently be prolonged, and sufferings mitigated by the employment of topical remedies adapted to the laryngeal irritation.

Chapter IX. *Of the treatment of Follicular Disease.*—The remedy upon which most, and, indeed, the chief reliance is to be placed, is the nitras argenti, topically applied in solution. The following is the course recommended:—

"*Method of applying the solution.*—In the treatment of laryngeal disease, by the direct application of the nitrate of silver, to the diseased surface, I have employed, ordinarily, a solution of this substance, of the strength of from two to four scruples of the nitrate, to an ounce of distilled water. When, however, there are found extensive ulcerations of the epiglottis, or, about the opening of the larynx—ulcerations which it is desirable to arrest at once, I have not hesitated to apply directly, to the diseased parts, a solution of double the strength of the last named. But, one or two applications, only, of a medicine of this power should be made, at one time; ordinarily, however extensive the lesions may be, it will not be necessary to employ a solution of greater strength, than one composed of four scruples of the salt, to an ounce of water. On the other hand, it has been found, that one of less strength than of from forty to fifty grains of the nitrate to an ounce of fluid, will have but little effect upon a diseased mucous surface, where ulcerations exist.

In cases in which it becomes necessary to cauterize the interior of the laryngeal cavity, the aperture of the glottis should not be passed at once; the part should be *educated*, by applying the solution daily, for several days, to the faucial and pharyngeal region; to the epiglottis, and about the opening of the glottis.

Proceeding in this manner, that exquisite sensibility which belongs to the lips of the glottis, is in a good degree, overcome, and the instrument may then be passed into the larynx, without producing half the amount of that irritation which if introduced below the epiglottis, it would have awakened at first.

The instrument which I have always employed for making direct, medicinal applications into the cavity of the larynx, is one composed of whalebone, abont ten inches in length; (with, or without the handle, as represented in the plate) curved at one end, to which is securely attached a small, round piece of fine sponge.

The extent to which the rod is to be bent, must be varied according to circumstances; for the opening of the glottis is situated much deeper in some throats, than in others; but the curve which I have found suited in the greatest number of cases, is one which will form the arc of one quarter of a circle, whose diameter is four inches.

The instrument being prepared, and the patient's mouth opened wide, and his tongue depressed; the sponge is dipped into the solution to be applied, and being carried over the top of the epiglottis, and on the laryngeal face of this cartilage, is suddenly pressed downwards, and forwards, through the aperture of the glottis, into the laryngeal cavity.

This operation is followed by a momentary spasm of the glottis, by which the fluid is discharged from the sponge, and is brought into immediate contact with the diseased surface.

Every physician who has been present when this operation has been performed, (and a large number have witnessed it, from time to time,) has manifested much surprise on observing how little irritation has been produced by the introduction of the sponge.

If the patient, on opening his mouth, take a full inspiration, and then be directed to breathe gently out, at the moment in which the sponge is introduced, the irritation, caused by the application, will be much less, than when this caution is not observed. The fact, indeed, has been fully established, by repeated experiments, that the introduction into the larynx, of a sponge, saturated with a solution of the crystals of nitrate of silver, of the strength of forty, fifty, or even sixty grains of the salt, to the ounce of water, does not produce, ordinarily, as much disturbance as is caused by the accidental imbibition, into this cavity, of a few drops of tea, or even of pure water!

In the topical treatment of the follicular disease, it will be found, that all larynges cannot be entered with the same facility. Indeed, in some instances, where œdema of the epiglottis, and of the arytenoid cartilages, has existed, I have found it very difficult, in making the first attempt, to pass the sponge of the probang through the aperture of the glottis."

The following extract, in connection with the foregoing, embraces all the important practical considerations connected with this part of the treatment:—

"In the simple and uncomplicated form of follicular pharyngo-laryngeal disease, however severe the local affection may have been, this remedy, alone, namely: the crystals of nitrate of silver, topically applied, has proved, in my hands, a specific in a large number of cases. Its use, when the affection has been of long standing, should be continued for some time. Ordinarily, it is better to make the applications, at first, every other day, for two or three weeks; subsequently, twice or three times a week, until the granular, and vascular mucous surface assumes a smooth, and healthy appearance, and impaired vocalization is fully restored.

Instances will occur where several of the enlarged, and diseased follicles of the throat will become confluent, and present angry-looking tubercles, which may be seen on the pharyngeal membrane, below the palatine arch. These should be touched, occasionally, at first, with the solid nitrate, and the solution subsequently be employed.

Not unfrequently will the mucous cryptæ in the posterior nares become involved in the disease; and when this occurs there will be an almost incessant dropping down, into the throat of unhealthy mucus from this cavity. On several occasions I have found old ulcerations of the follicles of the fossæ, from which a most offensive secretion was constantly percolating.

This diseased condition of the lining membrane of the fossa nasalis, is more certainly relieved by the topical application of the nitrate to the affected parts, than by the employment of any other known treatment.

Applications to the nasal cavity are readily effected by means of a small rod of whalebone, which, instead of being curved, should be bent at nearly a right angle, one and a half inches from the end, and be armed with a small thin piece of sponge. This, being dipped in the liquid, is carried up behind the velum, and the whole lining membrane of the posterior nares, in this way, may be sponged with the solution.

Elongation of the uvula frequently co-exists with the affection. When this occasions irritation by coming into contact with the epiglottis, its extremity should be excised. The tonsils, also, are occasionally found enlarged, and should be removed by excision.

Although the disease, in the author's view, is primitively follicular, it may extend itself so as to induce inflammation of the entire membrane. Affecting the larynx, it then becomes, in the author's language: "follicular disease complicated with chronic laryngitis." He adduces several cases to illustrate the happy effect of the topical application of a strong solution of the nitrate of silver under these circumstances.

When complicated with well marked tubercular disease of lungs, as already remarked, the topical applications, in the manner described, frequently relieve the cough, and other distressing symptoms. The applications, therefore, are quite appropriate, notwithstanding this fatal complication.

Chapter X. In this concluding chapter the treatment of follicular disease is continued, the subject being the general remedies which the author has found serviceable. When the affection is connected, as it sometimes is, with the follicular gastric dyspepsia of some writers, the nitrate of silver, internally, is superior to any other, in the author's estimation.

Iodine, when evidencies of a disorded condition of other parts of the glandular system co-exist, will be useful. The author prefers the iodide of potassium. The iodide of iron has disappointed his expectations,

Mercury is recommended. the bi-chloride being preferred, which, if the subject be irritable, should be conjoined with opiates.

The prussic acid he has found occasionably serviceable. So, also, the sanguinaria, united with tincture of opium, or morphine.

The muriate of ammonia, in combination with squill and digitalis has appeared useful in allaying irritation, and promoting expectoration. Finally, the work concludes with some remarks on the influence of a malarious climate as a prophylaxis of phthisis. On this subject the author has formerly published some observations. This subject, however, relates to phthisis, rather than to the affection which has been considered, and is referred to for the purpose of inviting attention to it chiefly in that connection.

We have thus endeavored to present, in a condensed form, an abstract of the practical portions of Dr. Green's work. With the indulgence of our readers, we will devote a little space to some remarks based on our own practical acquaintance with the affection. While we do not profess to have had extensive opportunities for observation, nor to have devoted to it special attention, we have, nevertheless, as already stated, been in the habit of meeting with it, more or less, as it occurs in general practice, and we submit such views as we have been led to form, that they may be taken for what they are worth. In this division of the article we will not assume enough to amplify at much length; but shall consider brevity due, at least, to ourselves, if not to the reader and the subject.

The study of specialities, with its numerous and great advantages, is not without its evils. And of the latter is its tendency to represent subordinate affections under too exclusive an aspect, shutting out of sight their dependencies and relations, exaggerating their prevalence and scope, and magnifying their importance. The *specialtist* (if we may coin the term) and they who imbibe more or less of his views and enthusiasm, are apt to see but little beyond the disease which has enlisted their interest: they see it on all sides, where, before, its very existence had not been suspected;

and whenever they behold it, all else is merged in that which so entirely absorbs their attention. Hence it is, that there is some truth in the remark, that diseases, like the conventionalities of life, are subject, in a certain sense, to the mutations of fashion. Those which at any particular period take precedence as special objects of interest, derive thereby a fictitious predominance and importance. It has been somewhat so with the affection under present consideration, and the prospect is that it will be still more so for some time to come. Patients will be found to suffer from *follicular affection of the throat*, who, whilom, would have readily escaped all imputation of the kind, and who would be equally fortunate or unfortunate, as the case may be, at some future period. We doubt not sponges saturated with sol. nitras argenti will be plunged into not a few *pharynges*, and, possibly, *larynges*, which it were much better should be left unmolested, and in fact, cases of this description have already fallen within our knowledge. This bids fair to be the fashionable affection, both with the profession and the public; but we would not be understood to say, that it is, in our view, entirely an imaginary complaint. It has doubtles been formerly overlooked, imperfectly appreciated, and either neglected or maltreated; but its prevalence, and its importance, in many cases, for the reasons which we have alluded to, are likely to be overestimated.

Our attention, in the cases which have fallen under notice, has been directed to the affection generally as incidental to other disorders—for the most part disorders of a general character, affecting body and mind, which, heretofore, were classed under the comprehensive title of dyspepsia, and which we have, of late, oftener ranked under the denomination of spinal affection. We can recal but few instances in which it has not been involved with constitutional ill health, and we have regarded it as sustaining to the general state of the economy the relation of an effect, much oftener than of a cause. We do not, as yet, perceive any good reason for changing this opinion. In our experience it has usually been con-ected with habitual indigestion, muscular delibity, depression of pirits, &c., symptoms denoting difficulties more general, which ave preceded this local affection.

It is a surprising fact that chronic pharyngitis, under these circumstances, becomes developed imperceptibly, and not infrequently has hardly arrested the patient's attention sufficiently to have any difficulty of the throat suspected previous to its discovery by the ocular inspection of the physician. In these cases, by careful examination of symptoms, after the discovery is made, we can generally satisfy ourselves that it has existed for months, and, perhaps, for years. In accordance with the foregoing views, we must express doubts whether it has ordinarily much claim to be regarded as a special or independent affection.

Is the affection primitively and essentially a follicular disease? We are not prepared to express an opinion in the negative, but the affirmative does not appear to us to be established. The observer must not expect to find in all instances the follicles so prominently developed as they are figured in the plates contained in Dr. Green's treatise. In the cases which have fallen under our observation the pharyngeal mucus membrane has exhibited diffused redness, conjoined with a granulated appearance, which is perhaps due to the *follicles*. The latter, however, appears only to participate in a general inflamed condition of the tissue. Prof. Dunglison compares the affection to acne. The similitude, if just, is most with that variety called *acne rosacea* in which the morbid state of the cutaneous vessels, as well as of the follicles, enters uniformly and essentially into the disease. The term *granulated*, in our view, expresses the morbid appearance. It resembles the granular form of inflammation which affects the conjunctiva, and, in the female, the cervix uteri; and it has occurred to us whether it does not in more points than one sustain an analogy to these affections. Like them it is peculiarly persistent and obstinate; and the local remedy which they require is peculiarly applicable to it. Perhaps it may be added, that they resemble each other in being generally associated with constitutional disorder. The expression *granular pharyngitis* strikes us as a better title than *follicular inflammation*, while it remains a matter of doubt whether the follicles are the point of departure for the disease, or necessarily involved in all cases.

The affection, probably, commences in all cases with the pharyngeal mucus membrane. In the larger proportion of cases we suspect the larynx is affected only by contiguous sympathy, or by some extension of irritation into that cavity. We do not deny, however, that the inflammation, follicular or otherwise, may extend itself into, or originate within the larynx

As to the practiabilty of depressing the tongue so as to bring the epiglottis into view, we have only to say that we have been less fortunate than those who have found it easy or even possible

Why does the affection prevail so extensively among clergymen? We should perhaps preface this inquiry by asking if it be a fact that it does prevail, *par excellence*, among that class. This may be more apparent than real. The duties of the clergy eminently requiring the exercise of the vocal organs, the affection is a source of inconvenience, which is not felt by those who do not engage in public speaking. Hence, with the latter, the disease may for a long time escape attention; and, when detected, it does not incapacitate for ordinary avocations. The clergyman, on the other hand, if the difficulty be excessive, and, at all events, from apprehension that it may become so, feels compelled to relinquish his duties: he is placed *hors du combat*, for, with him, the vocal organs are his weapons, without which he can do no service. On this account the affection has, for him, a serious character much beyond its intrinsic gravity. He feels it vastly more than the layman, and it becomes also in his case much more observable by others. In this way, may. doubtless, be explained much of the apparent prevalence of this complaint among the clergy. Another reason is, the malady is sometimes supposed to exist when it does not. The habit and pursuits of the clergy tend to develop dyspeptic hypochondriasis; and, of late years, since the "*clergyman's throat ail*," has been in vogue, it has, in not a few instances, been wholly imaginary, on the difficulty has been greatly exaggerated in the estimation of patients. There is a species of mock-pharyngo-laryngitis, in which there is little, if any actual inflammation, follicular, or otherwise, but a feebleness and irritability of the laryngeal muscles in common with the muscular system in general, sufficient to create apprehension, and induce a firm conviction, in his mind, that he is a martyr to the fashionable complaint, perhaps sufficiently to render an European tour imperative!

That there are causes peculiarly operative upon the clergy we do not deny. One of these is the custom of using the vocal organs on one day only of the seven, or, at least, in a much greater degree on the Sabbath, than on other days. It is probable that the same amount of exercise of the voice daily, would be attended with no injury. Among the clergy we do not find the ailment most prevalent among those who speak oftenest, or most vociferously—for example the methodists. But we are disposed, with the author, to attach the chief agency to the manifold causes affecting the *physique* and the *morale* of the clergy, rather than to any causes operating directly upon the organs affected.

A few words on the subject of treatment. As regards the topical application of the nitrate of silver, it is generally agreed that it is the most efficient local remedy we are at present acquainted with. In some instances its application to the pharynx will produce decided and speedy relief, but this has not been invariable in our experience. Some cases will require it to be continued for a long time, the patient deriving but little apparent benefit from the individual applications. We shall not venture any dogmatical assertions respecting the feasibility of carrying the sponge into the laryngeal cavity. We must confess, that we are somewhat in doubt on this vexed question. We have made some trials, and have produced irritation of the epiglottis, or glottis, with the sponge, or liquid, sufficiently to create spasmodic coughing with a transient sense of suffocation, but we are not satisfied that we have ever succeeded in fairly penetrating the larynx. We are free to state our skepticism of its being so easy a manœuvre as represented in the work of Dr. Green. The spectator at an exhibition of the operation may be deceived, and the operator may deceive himself in this matter. It is not easy to demonstrate that the sponge actually enters the larynx; we must judge from the symptoms produced, and these may be delusive. We are not willing to concede that this point is fully settled, but must regard it still *sub judice*, notwithstanding the many testimonials which Dr. Green offers.

Dr. Green does not, in our opinion, dwell with sufficient emphasis on the constitutional treatment to be pursued in this affection. His therapeutics appear to be too entirely surgical. Agreeably to the views we have expressed, it is usually an effect, or, at least, a coincident of other, and more general disorders ; and if the latter are not attended to, topical remedies will not be likely to prove permanently efficacious. A class of remedies which in our hands has appeared highly serviceable, Dr. G., does not even allude to. We refer to chalybeates. Some of the ferruginous remedies, or several in succession, continued for several weeks, will be found in a large proportion of cases very useful. External irritants we believe are of little or no avail. Well regulated diet and regimen are essential, and upon these the author does not dwell.

With these brief, desultory remarks, we will proceed to devote a few paragraphs to the matters at issue between Dr. Green, and the critics who have preceded us. The chief distinguishing feature of Green's book, as our readers will have perceived, consists in the advocacy of the practicability and advantage of topical applications within the laryngeal cavity. The application of the nitrate of silver to the pharynx is certainly not a new idea, but has been in use very generally for years past.

Now, assuming that is perfectly feasible to penetrate with the probang the larynx in the manner described and recommended in the work before us, it has been clearly enough established that the plan is not original with the author. The author, indeed, frankly admits this, but declares that he did not derive the idea from Trousseau & Belloc (French writers who had advocated previously the same method in all its details), but from a conversation with Dr. Johnson, the late editor of the Medico-chirurgical Review. This conversation occurred in 1838. Trousseau and Belloc published their work in 1837, and a translation was issued in this country in 1839. Here Dr. Green has committed an unfortunate error, in stating that the translation first appeared in 1841, but this error may be accounted for by the fact that an edition of the work was published in 1841, and Dr. G., may honestly have supposed this to have been the first. As a matter of policy, no man of common shrewdness would deliberately publish a false statement of facts with regard to a matter of that kind, for he would, of course, expect to be detected, and could gain nothing by it. We think therefore, that Dr. G., ought, in charity, only to be charged with carelessness, but, yet, it does appear surprising that as the question of priority would naturally arise in his own mind, he should not have ascertained dates more correctly, and he should have had the candor to have stated, also, when the work first appeared in France. The probability is, that if he derived the hint from Dr. Johnson, the latter was indebted for it to Trousseau & Belloc, since their work was published a year before the reputed conversation took place, and had doubtless been sent to Dr. J., he being editor of one of the most able and popular medical reviews of the day.

Waiving farther disscussion of errors of date, and the attribution of credit for the suggestion upon which Dr. G., commenced the operation of sponging the larynx, there can be no doubt that to Trousseau & Belloc is really due whatever of honor pertains to the discovery, assuming it to be a discovery. Dr. G., acknowledges that his views were confirmed by reading the work of these authors. But he fails to state that the details of the operation, are, in all *essential* particulars, the same as theirs, and to these authors, *hardly* any reference is made except to disclaim in debtedness to *them.* Candid criticism compels us to say there is apparent a great want of fairness in this respect. If the operation possesses the merit which Dr. G. thinks it does, why did he not quote the results of their experience; and why avoid all description of their methods of procedure!

Upon the appearance of Dr. G's work, attention was called to it in various literary periodicals, and in the daily papers, as containing a new discovery by the author, the importance of which was compared to that of vaccination by Jenner! We make this statement second-hand, none of the articles referred to having come under our notice. These pretensions, which Dr. G. has subsequently shown were volunteered by his too zealous friends, were not at the time promptly disowned by himself, but, as might have been expected, they awakened professional criticism. His own agency, or connivance, in procuring such extravagant eulogiums was charged upon him, but this charge, it appears to us, he has satisfactorily rebutted. That he has been too harshly dealt with by critics, and his professional brethren in the city of New-York, we are persuaded, yet we must say that he is either very peculiarly unfortunate, or he is justly open to censure for omitting proper acknowledgments to the authors who had preceded him, and anticipated most of the practical precepts of his work. The work also, we are compelled to say, bears internal evidence of having been written with a view to popular effect, a fault which should not escape severity of reprobation.

A considerable portion of it has but little relevancy to those points which are novel or important, and, without detriment to the reader, could have been dispensed with. That which is of much practical interest would admit of being condensed into a short article, and we believe that the quotations we have given, contain all that the practitioner would desire.

Much room, however, as there is for critical animadversion, and notwithstanding the evils which we have incidentally referred to, the treatise will, as we think, in the main, be beneficial. It will serve to direct attention to an affection which is not so limited in its prevalence as its popular title implies, and which many practitioners have been in the habit of overlooking and neglecting. If it should be established that topical applications may be made to the laryngeal mucus membrane with facility, it will assuredly be instrumental in enlarging our means of treating with success affections of that part; and it is to be borne in mind, that although not the originator of this plan of treatment, Dr. Green has been (so far as we know) the first in this country to adopt it, and to advocate its feasibility and usefulness. In so far, his exertions are meritorious and important in proportion to the value, which, upon farther trial, the method shall be found to possess, and it would be unjust to overlook his claims in this point of view, in the solicitude that justice shall be done to others, and to repudiate an apparent disregard of some of the precepts of medical ethics.

ART. II. — *Trial for Malpractice, and One Thousand Dollars damages.*

Francis Bugard vs. *George Gross*. This was an action for alledged malpractice, tried in the Court of Common Pleas, at Buffalo, County of Erie, and State of New-York, June 21, 1847.

Judge Stevens presiding. I. T. Williams and Seth C. Hawley, counsel for plantiff; James Mullett and W. W. Peacock, counsel for defendant.

It appeared in evidence on the trial, that the plaintiff, 23 years old, is a steady, industrious farmer, residing on Eleven Mile Creek, in the town of Amherst; and that the defendant is a Botanic and Root-Doctor, practising in Williamsville, not far from Eleven Mile Creek.

On the 17th of September last, about 9 months since, Francis was chopping a log in the woods, and by the sudden displacement of that portion upon which he was standing, he was thrown backwards, striking upon the corner and back part of the humerus. Two or three hours afterwards he was seen by the defendant, who upon examination said it was out of joint, and perhaps broken; and after pouring warm water on it about ten minutes to reduce the swelling, he employed extension and counter-extension in a straight line, and professed to have reduced it, yet the arm now, as before, could not be flexed, except very slightly. Defendant then applied two shingle-splints, one to the arm, extending from the outer condyle of the humerus, upwards about three inches, and the other from the coronoid process downwards on the forarm, about the same distance—for what purpose these splints were applied was never attempted to be shown. The arm was then suspended by the side of the body in nearly straight line, and secured by a couple of handkerchiefs.

September 18.—Defendant took the splint off, and witnesses noticed that the bones were not in place. Defendant said it was "swelled up so bad he could hardly tell if it was right or not." The same dressings were re-applied and the arm placed in the same extended position—the only one in which it could be kept. Defendant also gave Francis a liniment to reduce the swelling, which "burnt like fire," and produced excoriations. Defendant then said "put warm water in a bottle, and put by the arm, may be he catched cold the night before, because he suffered so much." Said he once set an ankle which had been out six times, &c.

September 19.—Defendant examined it again and said it was not right—that Francis had got it out of place, (although it did not appear but that he had been extremely careful). Having again poured warm water on it during five minutes, to reduce the swelling, and make it yield better, two men were directed to make extension and counter-extension in a straight line, while defendant manipulated at the elbow. After about one minutes' pulling, Gross said he guessed it was in, and, the men ceased pulling. The arm, however, remained as before, nearly straight, and the deformity at the elbow continued.

The same splints and liniment were re-applied, with farther directions to pour milk under the dressings if the liniment smarted too much. When defendant went out he said "they generally have an iron box to set the elbow in, but I have not got one myself, I will get one of Dr. Ham." &c.

September 22.—Defendant removed dressings and tried to bend the arm, but could not. Saw an ecchymosis in axilla, and directed fomentations of wormwood and vinegar to be applied. The same splints were re-applied, and the liniment continued. Gross said it was "gaining very fast"—"it was right."

This treatment was continued 18 days, and the arm was then left in its present shape and position. About three or four weeks after the occurrence of the accident, Francis called on Gross; Gross proposed to "break it over again," and sent him to Buffalo for the opinions of Drs. Hill and Davis, both Thompsonians.

The testimony as to the facts having closed, Drs. Hamilton and Sprague were examined as to their professional opinions, &c.

Dr. Hamilton testified that he had seen the arm; that it is a backward luxation of radius and ulna; arm is nearly straight and admits of but very slight motion at elbow-joint; thinks it was always the same luxation, and without fracture; thinks the luxation could have been easily diagnosed within two or three hours after the accident. The swelling could not have been great at that time, or it would have obliterated the fossa between the olecranon and the inner condyle, which one of the witnesses swears was as manifest then as now; if a fracture of any of the bones about the point had actually existed, it would be apparent now, since the treatment was not such as would be proper for any fracture about the elbow-joint, and a deformity at the point of fracture must have resulted. The reduction of this luxation at an early hour, is easily effected—always bends the forarm upon the arm to displace the coronoid process from the fossa of the humerus. This is the practice of all the modern surgeons except Liston. Liston straightens the arm, but carries it far back, so as to completely relax the triceps. The plan described by the witnesses as pursued by the defendant was not the same; he pulled in a straight line aud directly forwards, which put the triceps upon the stretch. It would require very great power to reduce the arm in this way. If it were reduced it could have been bent up to at least a right angle. This is the position in which it ought to have been placed—no splints were necessary. We sometimes use a moveable right-angled splint, when it is a child, who will tumble about, but the splints employed could not have been of the least service. The application of stimulating liniments was bad treatment. The reduction could not have been as easily effected on the third as on the first day; if it be true that fractures can be as well reduced after a few days as at first, it certainly is not so with dislocations—every day increases the difficulty. Dislocated elbow, radius and ulna backwards, have been reduced after several weeks, but generally the witness would be unwilling to make the attempt after six weeks. There is danger to the limb when the attempt is made at two weeks, and witness would so state to the patient before attempting the reduction.

Dr. Sprague testified (Dr. Sprague was requested by the counsel for plaintiff to examine the arm, which he did) that he had examined the arm, it is deformed; there is a dislocation of the radius and ulna backwards; bones are situated in this manner (showing the position of the bones upon a skeleton of an arm which was handed to him) the coronoid process is lodged in the fossa of the humerus. Witness reduces this dislocation by bending the arm forcibly across the knee or around the back of a chair, and then he sometimes suddenly brings it straight. The course pursued by the defendant would not be likely to reduce the bones; the splints used in this case could not have been of any service; the arm ought to have been kept at right angles; generally no great difficulty in discovering this dislocation; not very liable to get out of place; would not generally attempt to reduce a dislocation of this kind after five, six, or seven weeks,

Dr. Milo W. Hill, (a Botanic physician of Buffalo) testified on the part of the *defence*, that plaintiff came into his office in February; said he came to have his arm examined; defendant came with him; wished to know what could be done with it. Dr. Hill examined, he then took him into a Dr. Field's office (an oculist). Dr. Hill said he was formerly of the old school, but, is now a Botanic doctor. Dr. H., advised him to go to some other doctor, Dr. Sprague he thinks.

Dr. Wm. Field testified that he had heard Dr. Hill, and concurred in all his statements.

Dr. Davis, (Botanic Doctor), testified only in relation to the mental condition of one of the defendant's witnesses.

The Jury returned a verdict for the plaintiff, of one thousand dollars.

ART. III.—*Triumphs of Young Physic, or, Chrono-thermal facts:*

By William Turner Esq., A. M., M. D. Late Health commissioner of the city and county of New-York—member of the N. Y. Medical Society—American Editor of the principles of the Chrono-thermal system of Medicine, &c., &c

> "Let's purge this choler without letting blood,
> * * * conclude, and be agreed;
> Our doctors say, this is no time to bleed."—*Richard II.*

> "The day is not distant when quacks only will resort to the lancet and the leech for any disease."—*Dickson.*

New-York, Burgess, Stringer & Co; Wm. H. Graham; W. Taylor & Co; H. Long and Brother; Philadelphia, Zieber & Co; Boston, Reading & Co.

Some one has been kind enough to send us a tract with the above formidable title page, which we have given at length, not omitting the list of publishers. We should have added, that the work is an octavo of thirty-one pages, and that it may doubtless be had for the asking, without money, and without price. The chrono-thermal system, as it is called, purports to be a new discovery in pathology and therapeutics, of which a Dr. Dickson, of London, is the fortunate author. We must confess that we are not prepared to state in what the system consists except that it repudiates bloodletting, and contends for a principle of periodicity in all diseases. Suffice it to say, it is a new *system*, and, although we presume nine-tenths of the profession know but little of it, and care less, yet, if *its* few votaries were to be believed, we are all full of apprehension in view of the imminent danger in which legitimate medicine stands of being entirely subverted.

This Dr. Turner claims to be the American expounder of the principles of the new doctrine. Although he professes to think very meanly of the medical profession, he appears to be anxious to have his readers know that he is an M. D., and a member of the New-York Medical Society. Strange that he should regard these distinctions worthy to be attached to his name! One might suppose that to be the "*American Editor of the principles of the chrono-thermal system of Medicine*," would be honor enough, and that allusion to his nominal connection with a class which he so thoroughly despises, would, from choice, have been dispensed with! But Dr. Turner is not singular in this respect. We have often noticed, that when a person is enticed from the honorable walks of the profession, by the temptations held out by empiricism, he never relinquishes the symbolical insignia of his former connection. The profession would like to have the separation complete. Not so the reformed doctor; he clings tenaciously to that which he professes to hold in contempt and defiance. But this same Dr. Turner has held the situation of *Health Commissioner of the city and county of New-York*. We recollect it was commented on at the time, as a melancholy instance of the humiliations inflicted upon the medical profession.

We do not intend to waste our time, nor trifle with the patience of our readers, so far as to review the little pamphlet before us. It belongs to the class of publications, of which thousands are yearly disseminated over the country, designed to catch gulls, by professing to cure all diseases by newly invented, and never failing methods. It professes to give a list of remarkable cures of the various ills that flesh is heir to, and concludes with a host of testimonials to the efficacy of the system.

As a matter of curiosity we have read the work, and our attention was attracted by two letters recommending the doctrine to general adoption. The letters to which we refer, bear the signatures of gentlemen of some distinction in a sister profession—the Law. This fact arrested our attention, and gave rise to some reflections. The names of the others, being unknown to fame, we have only to presume that they have their living representatives somewhere, but whether, if we knew the individuals, we should deem their favorable testimony recommendatory, or quite the reverse, is a matter of uncertainty. Hon. Willis Hall, and Ogden P. Edwards, are, however, persons above the common order of those who are willing to become *stool pigeons*, for their neighbors to be caught and plucked. The first named gentleman was formerly the Attorney General of this State, the latter is an eminent jurist in the city of New-York. As these gentlemen have so high regard for chrono-thermalology as to lend their names as endorsers for its benefit, they will not object to our doing what little is in our power to disseminate the fact. We will do them, and the system, the justice to quote their language.

Hon. Willis Hall writes as follows:—

"I have just received your book. I need not express my opinion of the work, for you know it already. I have heretofore read parts of it with much pleasure and profit. I will merely say, what I do not recollect mentioning to you, that the intermittent nature of disease continually appears, so far as my case (palsy from being bled) is concerned. The changes backwards and forwards on different days are very considerable. I have not yet detected the law which governs it, whether it is alternate, tertian, qnartan, &c. I trust and believe the publication may do good. It will tend to open the eyes of the world."

"We had large armies in Flanders," was the quaint remark of uncle Toby, in answer to the expression of surprise by Dr.Slop, that children were even born alive before his forceps were invented! In like manner we may say, that thousands have bled, and in true Sangrado fashion, for the last half century, (not a few injudiciously as all will admit) but, strange to say, the occurrence of palsy as a result, has not before been noticed. This is a new development in the etiology of that affection, which it remained for Mr. Hall to ascertain. We will exercise a delicacy which Mr. H. appears not to esteem due to his medical advisers, and simply remark upon a statement, the absurdity of which might justly enough give occasion for ridicule, that we fear paralysis following an apoplectic seizure denotes something more serious than any effect which bleeding, however injudicious it may have been, could have produced.

The following is the concluding paragraph of Mr. Edwards' letter:—

> "I suppose that the Chrono-Thermal system will be pronounced *a humbug* by those learned leeches who keep the gates of that great medical turnpike leading to "that bourne from which no traveller returns." But notwithstanding the opinion of dogmatic therapeutics, I must speak well of the bridge that carries me safely over, and am compelled to think that health is better than medical metaphysics, and sound joints than calomel, and that I would rather be cured irregularly than be sent to the grave *secundum artem.*"

Now, as lawers, both holding, or having held, high official stations, we entertain for these gentlemen none other than sentiments of profound respect. We doubt not each is learned in the law, and that the opinion of each on a legal question would be sound and reliable. But legal knowledge is not universal knowledge. We opine there are some things, be their legal acquirements and acumen never so great, that they are but poorly qualified to decide upon. It is more than probable that medicine is one of these. The laws of Nations and Legislatures have but few relations with the laws of disease, the administration of justice is quite different from the application of the principles of therapeutics, the body politic bears but a faint analogy to the body animate. They would doubtless be ready enough to appreciate the force of this remark if a physician were to claim on the score of his medical knowledge competency to decide in matters of law. This would be deemed arogant, and a fit subject for decision. But the converse of this is not so readily recognised, by them, as equally ridiculous.

We will not pursue this train of reflection, for we can doubtless occupy our pages with matter more profitable to our readers. We should only express truths which every medical man has abundant opportunities to perceive and feel. We will only say, in conclusion, that both these gentlemen, if their lives are spared, will doubtless sooner or latter, have occasion, either in their own persons, or in the cases of friends in whom they feel a deep interest, to seek assistance from some of the "learned leeches who keep the gates of the great medical turnpike leading to that 'bourne from which no traveller returns,' " and who send their patients to the grave *secundum artem.*

We say this with entire confidence that our prediction will be verified—a confidence not based on any acquaintance with them personally, but upon knowledge of similar instances. Thus it is, that our profession heaps coals of fire on the heads of those who have insulted and abused it—and we could desire no surer, nor better revenge.

ART. IV.—*Sulphuric Ether used in the reduction of two cases of dislocation of the humerus.* Reported by DR. F. H. HAMILTON, Buffalo.

1st Case.—John Harrington, aged 50; of a herculean frame and with powerful muscles, had his left humerus dislocated into the axilla on the sixth of July. On the 16th, ten days after the accident, he called upon me, and in presence of Drs. John Trowbridge, Garvin, Dudley, Harvey and others, I made attempts at reduction as follows:

First attempt.—Applied the compound pulleys, and extended the arm with as much force as would be prudent, fifteen minutes—arm at right angles with the body—rotating the arm occasionally during this time.

Second.—Extended the patient upon the floor, and drew the arm in line of body, having my heel in the axilla (without pulleys).

Third.—Patient lying in the same position, I pulled the arm at right angles with the body.

Fourth.—Patient still extended, I adopted Malgaigne's method, pulling upward, with my foot upon the top of the shoulder.

Fifth.—Patient seated on a chair, I drew the arm down over my knee, which rested in the axilla.

Sixth.—Bled him twenty-four ounces, and until partial syncope was induced, and then tried again the *second* position.

Seventh.—Repeated the *first* attempt during ten minutes, and now, while the extension was kept up fully, I made him respire sulphuric ether until he was completely intoxicated and insensible.

Eighth. Before the influence of the ether had began to subside, the band to which the pulleys were attached broke, I then brought the axilla over the knee, (*fifth* position) and the bone was made to resume its place with great ease. The relaxation of his muscles was now very complete. John said the ether was the best grog he ever took.

Imediately after reducing this arm, I went with Dr. Dudley to his office to witness the reduction of the same luxation in another patient.

Case 2d.—Peter Starr, aged 45, Dutchman, very muscular, fell this morning on the upper end of humerus and produced a dislocation downwards into the axilla—right arm.

Dr. Dudley with two other men had soon after made attempts at reduction, but without success. Dr. Dudley then determined to use the pulleys, and, at my suggestion, to assist their operation by the ether,

Dr. D., applied the pulleys to the patient at eleven o'clock, four hours after the accident, and immediately Dr. Harvey commenced the administration of the ether; in about one minute after its full effects were obtained, the bone slipped into its place.

The patient said he was as if asleep, and that he knew nothing of it: yet, during the extension he drew his face, as though suffering pain.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Cases of Inhalation of Ether in Labor. By WALTER CHANNING, M. D., Professor of Midwifery, Massachusetts Medical College.

Mrs. R., aged 18; first child. Taken with uterine pain June 10. at 5, A. M. Saw her between 3 and 4, P. M. Labor well marked —pains severe—complaint of suffering emphatic. Examination showed natural presentation, and good progress. Pains increased gradually in strength, and the head reached the outlet favorably. It here made slight, if any progress. At length, notwithstanding very severe pains, it hardly advanced at all. Between 8 and 9 it reached the external organs, and the perineum was pressed somewhat forward. Here again it rested. The perineum was very slightly dilatable. Pains now diminished in force, and the intervals became longer. Still distress was great. I sent for, and exhibited ether. The pulse, respiration, and temperature, were natural. At first Mrs. R., refused the sponge, and this with much determination. At length she consented to breathe it, and was in about a minute fairly under the influence of the vapor. The sponge was removed, and placed at a distance from her in the bed. Pains continued regular, and soon became stronger, and intervals shorter. The perineum became dilatable, and the head advanced. Some return of consciousness took place, it would seem of pain, and of the relief she had experienced from the inhalation, for without being seen she got possession of the sponge, and breathed at it with the greatest avidity, so that when discovered it was with much difficulty forced away. The child was born in four or five pains after etherization. The placenta was soon thrown off—the womb contracted well, and a swathe was carefully applied.

The return to consciousness was slow. There was exhibited more excitement than I have before met with. There was a full expression of previous most perfect freedom from suffering. A state of entire pleasure was expressed. She sung, talked, raised her arms high in the air. She did not recollect me, or anybody about her. Her child's cries, which were very loud, attracted strongly her notice. She passed her had over her abdomen firmly, as if to learn what had happened, and her countenance expressed much surprise. Pulse continued natural; complexion good; temperature, as during labor. Some hemorrhage, but not enough to do harm. She said she was very hungry, and thirsty, and took with much relish, gruel and water. After-pains occurred in about half an hour after labor was over, with much severity, and for which I prescribed camphor and opium in pills. I left her otherwise comfortable. Slight hemorrhage.

June 11th. 9, A. M.—Pulse, &c., good, no tenderness of abdomen. After-pains increased, and troubled her all night. Exist now. Great increase of pain by motion, so that I removed urine by catheter, as motion for this function she feared would give great distress. Felt better after operation. Hemorrhage considerable in night, but not sufficient to do harm. 6, P. M. More comfortable; less pain. Prescribed Dover's powder for pill. Ol. ric. in the morning.

12th. 6, P. M.—Detained by obstetric case all day, and could not see Mrs. R. before. I found her very comfortable. Oil has operated well. Night had been perfectly good. Looks remarkably well. Pulse good. Abdomen soft, free from soreness or pain.

14th.—Perfectly well. Some milk in breasts. I now inquired particularly as to consciousness during labor, and immediately after. Remembers nothing. Is surprised at questions, so wholly unconscious as they show her to herself, to have been.

June 12th.—Mrs. A W., 35; first labor. For three weeks last past, she has suffered much from pain referred to womb. At times so severe that she thought of sending for nurse, and physician. Last night, at 11, in absence of pain, membranes broke, and a large quantity of water was discharged. I was called to see her between 1 and 2, as pains had begun. I found the os uteri dilated somewhat, dilatable, very thin at its edges, and continuing so some distance towards neck. Pains regular but slight. I went to bed, to be called when needed. At 6, I found pains had continued all night. Os uteri more dilated. Went home. Called again between 8 and 9. I now found much change had occurred. Os uteri had nearly disappeared, and yielding to very small pressure Head presenting well, and quite low in pelvis. From the severity of the pains, and the generally favorable state of things, I resolved to use ether. This was done about 9, A. M. Its first effect was excitement. There were startings, exclamations, the arms were projected. "I am dying, I am dying," said Mrs. W. I had my finger on the wrist, and carefully examined the pulse. It was about 90 before etherization. It rose to 98; and this was its number, with temporary changes, during the whole of the labor after ether. Excitement soon passed by, and a pleasant calm succeeded. The expressions were now of pleasure only. "How beautiful! how beautiful!" was the language of the labor. The state of etherization was moderately sustained during the whole day. Mrs. W. had some latent feeling about the remedy which much influenced the case. She would vehemently demand the sponge, and that it should be thoroughly wet with ether. She would put it aside, as as soon as she began to feel its effects. At times, however, she would experience its full effects. She was thus by no means wholly unconscious. I mean in that degree of it as to be unaware of people and things around her. Sometimes she would say, "I know you, Dr. C.," "I know you, Mrs. F.," &c., &c.; as if to let us understand that though she was unconscious of pain, she knew all other things. She would say, when demanding the sponge "don't be afraid of hurting me. I know just how much I want, and will tell you when to take it away." And this was done after a manner which I have seen in no other case. The labor was delayed by the state of the perineum. It was very wide, leaving the os externum very small.' Through this protruded a round mass of scalp, and a conical-shaped bony mass of skull. The occiput had fairly cleared the arch of the pubis, and still the delivery did not take place. After an ointment of ext. of belladonna and simple cerate was liberally used, inside the vagina, and over the perineum, dilatation took place readily, and the child was born. There was perfect abolition of pain in this closing period of labor, and when suffering is, I may say, always so great. The womb contracted well. The placenta was easily detached by natural effort, and, with some coagula, was expelled. A swathe was applied. Child, a female, weighing seven and a half pounds. It did not brethe immediately after head was born, but soon breathed after cold water was dashed on its face and breast, and did perfectly well. During the labor, ʒ j. ergot was infused in about ℥ vi. boiling water, and the tea without the powder taken. Some increase of pain undoubtedly followed its use. The bladder was emptied with the catheter once during the day.

Labor began in this case at 12 the preceding night, and was ended at 6, P. M., the following day. The ether was first inhaled between 8 and 9, A. M., and its influence was sustained, as above described, till nearly 6, P. M. Mrs. W. described her state, when consciousness returned after labor, as one of perfect ease and enjoyment. She had not a pain. She had little memory of pain. The ether had made tolerable what she though she could hardly have lived through without. She had been in labor, she said, three weeks; her nights disturbed and her days most uncomfortable. She expressed her gratitude for this means of her comfort after a manner which I have not heard paralleled. I left her with a calm pulse, manner perfectly natural, skin temperate, head free from pain, abdomen easy, eyes closed, and sleep approaching.

13th. 10, A. M.—Night good. Slight pain in abdomen in night occurred three times. Five grains of Dover's powder were given, and perfect quiet followed. Pulse 84; abdomen soft; lochia natural; no urine, has attempted to pass it, but failed. Catheter, about twenty ounces taken away. In all respects doing well. 10, P. M. Day very comfortable. Has slight uneasiness in the region of the heart, to which she has long been subject. Has failed to pass urine, catheter was used. Ol. ric., suc. limon, *aa* ʒij., M. in the morning.

14th. 9, A, M.—Excellent night. Urine natural. Two free dejections from oil. Pulse, &c., natural. Milk, without any precursory disturbance or excitement. Is nursing her child.

15th.—Quite as well, except some trouble about lactation.

June 13th.—Mrs. G. W. A., 36, fourth child. Labor began Friday, 11th. Physician called Saturday, 12th, at 8, A. M. Labor pains distinct, strong; head at upper part of pelvis, or rather a cushiony tumor of which the diagnosis was not easy. This state of things continued. He passed Saturday night with his patient because of the severity of the labor. Sunday, 13th, things much the same. Membranes broke P. M., and a large quantity of water came away. Still the head remained much where it was. The os uteri dilatable, soft, spongy, as if infiltrated. He passed the night again with his patient. Monday morning I saw her at 8, A. M., about sixty hours from beginning of labor, and forty-eight of continuous suffering.

The presentation was just what and where it was when first discovered. A firm, somewhat elastic tumor filled the pelvis. I did not, at my first examination, feel any portion of the cranum. The tumor felt very much like a blood tumor of great size. It remained tense in *the intervals* of pains, and did not seem more tense during pains. I advised the use of ether at once, to lessen the severe suffering of the patient, and having directed how it was to be used, left, to see a patient whose situation made an early visit very important. I returned between 8 and 9. Partial relief had been gained by the ether; suffering was less. I examined again with much care, and could make out towards the right sacro-iliac synchondrosis the well-defined *edge of a bone.* I pressed the presenting tumor here very firmly, and could find no bone opposite to or in the neighborhood of that against which my finger had rested. I now felt satisfied that the case was one of hydrocephalus, and that it was water which I felt behind the scalp, and which formed the tumor. The ether was used. Perfect unconsciousness did not take place more than once, but the diminution of suffering was most striking, and the ether more and more emphatically demanded. The perforator was now carried through the distended scalp and a gush of water at once followed. Nearly a quart was received into a vessel, while a very large quantity escaped into the bed and guard. Extraction was now made, and after a few ineffectual efforts, the head advanced. The difficulty was in the loose condition of the bones, and the thinness of the scalp. The hook, from these circumstances, frequently broke itself away. The ether was still used. Entire abolition of consciousness was produced. The pulse continued steadily at about 100, the number when first examined. If anything it was quicker at my first visit than during the use of the ether, and while extraction was proceeding. The child was born slowly, and easily after the head had fairly entered the pelvis. The placenta followed readily. A swathe was applied, and the patient made easy and comfortable in her bed. Child's head consisted of loose cranial bones, thin scalp, and a large cavity. Spina bifida at lower part of spine. It seemed impossible for Mrs. A. to express the gratitude she felt for the pleasure and the ease afforded to her by the ether. It was astonishing to her, that she who had always suffered so much in labor, and for so many nights and days in this last one, and who after former labors had been in such distress—it seemed most wonderful to her to feel now so easy and so happy. I left her in this state at about 11, A. M.

5, P. M.—Saw Mrs A. She has been perfectly comfortable all day, has slept much, passed water twice, no after pains; much meteorism, but no hardness, soreness or pain of abdomen. Respiration easy, countenance easy, and has lost that contraction which the long experience of acute pain gave it, and has acquired the appearance of healthy fulness. Complexion natural. Pulse 108, soft. Says she is perfectly free from uneasiness of any kind. Is provisionaly to take ʒij. ol. ric. and suc. lim. each, in the morning, and five grains pulv. Dover, if need be, to-night.

15th. 10, A. M.—Pulse 108. Abdomen less full. Respiration easy. Temperature natural. Night good. Has taken oil. No dejection.

16th. 9, A. M.—Pulse 104. Two dejections. Urine natural Without any uneasines swhen at rest. Is annoyed by motion, the whole body being sore, from long-continued and violent labor.

Remarks.—Mrs. R.'s case presents the full effects of ether perhaps more strikingly than either of the others. That is, in her they were more perfectly produced. Still the time was short of their continuance, and not any cause for uneasiness marked any of its periods. The sponge which she reached and held with so much force had become almost or quite dry, as some time had passed from its first application. Her case is also striking as presenting perhaps the most perfect want of memory met with in any case I have witnessed.

Mrs. W.'s case. In this case ether was used nearly or quite nine hours. But except in its first inhalation, and the latest, nothing like its full effect was manifested. She managed the use of it herself. That is, she asked for it when she thought it was needed, namely, when a pain was coming on, and threw it by her as soon as she felt its influence approaching. Again and again she has assured me that her suffering after etherization was as nothing compared with her former state, that the *last pains were not felt at all.* The case differs from others in the whole agency of the patient during this long trial of ether. I have never known so much used, and certainly its effects could not have been more happy. The consciousness of the period when ether was used had been matter of distinct memory since. There were misgivings among her friends as to the expediency of its use, for they knew that she had formerly suffered severely from headache; but this was never stated to me. She had suffered also from pain in the heart; but of this also, I knew nothing till it occurred slightly the day after labor, when it was referred to by Mrs. W. It is suggested that it will always be well to learn if peculiarities exist in patients, or if morbid predispositions may be supposed to belong to them. In the above case, however, nothing occurrrd for a moment to disturb the feeling of the entire safety of the patient.

Mrs. A.'s case differs from all the others. Bnt its history leaves very little to be added. Relief of suffering was as marked in her case as in any I have met with. I have never seen insensibility more strikingly produced by ether. She was for a short time as in the deepest, most tranquil sleep. This was at the close of the labor. It saved her all pain in the time of ordinarily the greatest suffering. She is recovering, though less rapidly than the others, but still quite as fast as the early history of her case would have led any one to expect.—*Boston Medical and Surgical Journal.*

On the Use of Strychnine as a remedy for Intermittent Fever, being the Substance of a Clinical Lecture delivered at the Chicago Hospital, May 1st 1847. By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College.

Those who have been in attendance at the College Dispensary during the past winter, as well as those who are now following the visits of this establishment, must often have their patience wearied by the number of cases of old intermittents which present themselves, and which, in spite of the best directed treatment we have been enable to give them, had relapsed, and returned from time to time for assistance. For ourselves, far from being wearied with this great number of cases, thought by many uninteresting, we have subjected them to the most careful examination in order to determine their causes and pathology, and have conducted a series of careful trials in order to determine the value of different remedial agents in their treatment.

In reference to the cause of intermittents, notwithstanding their extreme prevalence and the great number of observers who have directed their attention to it, it is as much involved in doubt as ever. The agency of "malaria" is doubted, and, as it appears to us, with great reason; for a number of these fevers are produced, and all of them may readily be reproduced, in situations where the agency of such a substance cannot be suspected. Nor have the other theories advanced to account for its production appeared more reasonable. The only circumstance which has seemed to us to be invariably present at its production, in every individual *in the first instance*, is an elevated temperature, whose degree we cannot, at this moment, specify with certainty, but which is probably about 80° of Fahrenheit's thermometer. and which requires to be continued for a certain length of time. But whether this acts directly upon the system or through the medium of some exhalation or miasm, we are ignorant.

In regard to its pathology, a careful observation of a great number of cases has led us to the following conclusions:

1st. The first link in the chain of morbid actions constituting periodical fever consists in a derangement of the digestive functions indicated by furred tongue, loss of appetite, flatulence, deranged action of the bowels, &c.

2d. The languor, lassitude, sense of weariness and inactivity of all the faculties, considered by Smith and others as the first perceptible deviation from healthy ation, is but secondary to the imperfect assimilation.

3d. Soon after the occurrence of the second class of symptoms there is a perceptible change in the blood, the fibrine being, as in all other fevers, diminished in quantity.

4th. These, with general derangement of all the secretions constitute, as far as we have been able to observe, the uniform symptoms of fever before the occurrence of a paroxysm.

5th. Persons thus affected may induce a paroxysm of intermittent fever by exercise, exposure to cold, mental action, eating indigestible substances, &c. Whatever acts with even a moderate degree of force in deranging the functions of the system is capable of inducing the paroxysm. In considering the treatment of these persons it is important to bear in mind that the state of debility and deranged actions of all the organs precede, in all cases, to some degree, the occurrence of chills and their sequelæ, and that when these lattar are arrested, the same state which preceded them still persists, often in an increasing degree. So that it becomes necessary in speaking of the treatment to separate the means calculated to interrupt the paroxysms, from those capable of restoring the energies of the body, and preventing their recurrence.

This distinction has, it is true, been made by medical writers generally, but not to the same extent as among the people, where the "breaking the fits" and curing the disease are generally distinguished from each other.

In a considerable number of cases the same causes which induce the paroxysms in the first instance, will serve to arrest them. Thus sudden fright, a shower bath, terror, electrical shocks, the inhalation of ethereal vapor, intense mental application, &c., are capable of arresting the periodical accessions temporarily. There are a large number of medicines capable of effecting the same object more certainly and for various periods of time. Emetics, cathartics, sudorifics, narcotics, stimulants, and tonics have been used. Specifics or febrifuge medicines, whose mode of action is unknown, are more frequently relied on. Under this head quinine, arsenic, salicine, piperine, prussiate of iron, and strychnine, are the most prominent. The sulphate of quinine is an article so safe and so uniformly efficacious, that if the arrest of the paroxysm were all that were required, we should, in the greater number of cases, have occasion to seek for no other remedy. But unfortunately it generally exerts but little other influence over the system than of arresting them, and they return with great regularity usually in from seven to fourteen days. In proportion to the number of returns the quinine loses its influence, so that after taking it, as most of the patients who present themselves here have done, from ten to twenty-times, its effect is very slight; a large dose often failing entirely to check the disease. On this account, and from the inutility of wasting large quantities of the medicine, we have been obliged to search for other means as substitutes for it, in these cases. The arsenial solution has been tried in a considerable number of them, and it has been found to succeed in most instances where the quinine failed and is in general also more permanent. But sooner or later the disease returns after its use, and the state of debility upon which these old cases of ague attend, is not in any degree removed by its use.

The ordinary form of using the qunine has been, with us, to give it in doses of from five to ten grains repeated once or twice daily till ℈j or ℈jss has been administered. In using the arsenial solution one grain was used in sixteen doses during forty-eight hours, at equal intervals. Finding the cases to return regularly in spite of their use, we have sought other means. The trials of salicine made at the New Orleans Charity Hospital and elsewhere, show that nothing is to be expected of it in these cases, although it is worthy of a trial in other diseases. Piperine is still less useful, and does not, according to our observations, possess any advantages over pulverized capsicum, which frequently is a useful adjuvant to the quinine. The prussiate of iron has also been tried either alone, or in combination with quinine, but it is without efficiency in severe cases, and possesses no advantages over the quinine where it succeeds. It will be readily perceived, from this brief review of the principal means we are in the habit of using against agues, that there is an urgent necessity for researches directed with a view of finding a substitute for the quinine, or some means to be used in aid of its action; and this necessity will appear the greater when we take into consideration the fact that nearly all the laboring population of this State have been affected by the ague, and that, after a few returns, the larger number are unable to purchase the quinine in consequence of its high price. It is probable that the inhabitants of Illinois have, during the past year expended not less than from \$100,000 to \$200,000 for different ague medicines.

Profiting by the opportunity afforded in a public institution, we have determined to make trial of a medicine which has been often recommended, but scarcely ever used in this country for the cure of intermittents: namely, the strychnine. Our attention, was directed to this substance from the manifest analogy between its effect and those of quinine, from the benefit which has been found to result from its use in chronic diarrhœa and debility of the digestive organs, and from the powerful tonic effect it is known to exercise over the whole system, but especially the nervous and muscular systems. The result has been most satisfactory. If it has not exhibited, in every case, the promptness of quinine in arresting the paroxysm, it has yet done so in four-fifths of them in which it has been used, while in the permanence of its action it has more than counterbalanced any defect in promptness. Indeed, it is highly probable that this apparent defect of action in some cases may be owing to the caution with which it was given, since, sometimes it was found to succeed in cases where quinine in full doses had failed.

The mode of administration is as follows: one-eighth of a grain is given thrice daily, after meals, in form of powder or pill until one grain is taken, mixed, in either case, with flour or starch. If pills are used, they shonld be recently made and not allowed to become dry and hard. There is an advantage in giving it after meals, as it then becomes mixed with the contents of the stomach, and is less likely to produce unpleasant effects. Smaller doses were at first used without effect.

It is given in combination with cathartics when the bowels are costive, with diaphoretics when there is much reaction, and in general combined with the same medicine as the quinine.

Effects.—In much the larger number of cases the patient is not conscious of any sensible effect, except the arresting of the fever, and a sensation of well-being that is usually experienced for two or three days after its use has been discontinued. In a smaller number of cases, the patients stated that it produced intoxication; and in a still smaller number, vertigo, with pain in the head and nausea were experienced. In order to illustrate its effects, we will relate a few cases where it operated favorably, choosing those which are best calculated to exhibit its powers under different circumstances.

Case I.—I. F., 40 years, had, in August, 1846, a severe remittent fever, from which he entirely recovered, except that there was some weakness remaining. When he attempted to work he was attacked with intermittent fever, and this continued to recur during the winter, being usually checked by quinine, of which one scruple would arrest it for from two to three weeks, but he was too unwell during the whole winter to do a day's work in one day. February 25th, he commenced taking strychnine one-eighth grain three times daily till one grain had been taken, and then the same, quantity every third day for sixteen days. Since which time to the present, May 1, 1847, he has had no return of paroxysm, but has pursued a laborious occupation, and says he never felt better.

Case II.—I. S., a servant girl, had, in the month of July, 1846, an intermittent fever which has continued to recur for seven months, every two or three weeks being arrested by quinine and various patent preparations. March 1st, she commenced taking the strychnine, one-eighth grain thrice daily till one grain was taken. Since which time she has had no return of disease, but says she feels well in every respect.

It would be easy to multiply these cases, but they present such similarities that it would be but a repetition of the same thing. I will therefore give you the result of its administration in the college dispensary up to the first of April, 1847, its use having been commenced about the 20th of February. I reject the cases treated in this hospital and in private practice since that date, as the time has as yet been too short to judge of its permanent influence in those cases. Up to the first of April, 1847, the strychnine was prescribed in the way described in case No. 2, in eighty-three cases.

Of these it had no influence over - -	14 cases.
It arrested the paroxysms for one week in -	3 cases.
For two weeks in - - - -	6 cases.
It arrested it permanently, or till May 1st, in -	60 cases.
Making the total of - - -	83 cases.

The cases in which it is put down as permanently arrested are those in which there has as yet been no return. Of the above, two cases had taken the quinine without the smallest effect, but were relieved by the strychnine. Nearly all, and probably every one, had taken the quinine from time to time with only tempoary relief. All were old cases in which there had been from two to twenty returns of the disease in tne course of twelve months. The cases in which its effects were most favorable were those where there was no local inflammation or disease. Those where it was least useful were cases complicated with dropsy, chronic bronchitis, or phthisis; for this latter is, after all that has been said to the contrary, a very frequent effect of ague. When the chills occur in the evening it indicates a tendency to hectic and the medicine is then unsuccessful.

Dangerous and Inconvenient Effects of Strychnine.—In but three of the eighty-three cases above stated, were the symptoms of nausea and vertigo present. It is, however, obvious that so active a medicine cannot be entrusted to ignorant people without dangerous effects sometimes following its use. Thus, an individual who forgot to take his pill after breakfast, made up for it by taking two pills after dinner, and had as the effects of this dose (one-fourth grain) severe spasms in the legs. Another, thinking if one wonld do good, more would do better, took six pills at once, and his wife who seemed to think it an excellent joke, said it cramped him "all in a heap." A third was asked by a physician what she was taking when she showed him the powders. Taking it for quinine, probably, and forgetting the rules of medical ethics as well as the diotates of prudence, he called for a cup and gave her six at a dose. She was affected with severe cramps, which he mistook for hysteria and administered tinct. assafœtida. She recovered without other ill effects. These cases, while they show the necessity of caution, show also that it is less dangerous than is supposed by many. In order however, to obviate the danger we have lately adopted the practice of combining gr. ⅛ of it with gr. xx of starch, and gr, ij of pulv. ipecacuanha. From the bulk and nauseous taste there is little danger of a person taking more than one dose, and if several were swallowed at a time the effect would be to produce vomiting. In fact this dilution of the medicine reduces it to about the strength of quinine, for which it is usely mistaken by patients, and hence takes away the principal danger of its use.

From the facts and cases here stated we are justified in concluding, that, in a very large number of cases of ancient agues attended with debility, and unaccompanied by local inflammation, the strychnia is very near equal to the quinia in arresting the paroxysms, and much superior to it in removing that state of debility and derangement of the secretions, which we have already stated to constitute the first and persisting pathological state of the disease. Considered merely in an economical point of view, its use would be a great gain, for one grain is found in the cases in which it succeeds to equal in efficiency from a scruple to a drachm of quinine. As a useful auxiliary, and, in some cases, as a substitute for quinine, it seems to promise favorably, and we lay these observations before the profession in the hope that by further and various trials, the form and manner of its administration and the cases and circumstances in which it is useful will be accurately determined. —*Illinois and Indiana Medical and Surgical Journal.*

Ship Fever.—The following report of the committee appointed by the Academy of Medicine, N. Y., to investigate the fever prevailing so extensively among the newly arrived immigrants, we find in the columns of the New York Herald, it having been communicated to the common council of the city, and ordered to be printed. We shall look with impatience for the final report of the committee, and, so soon as received, shall lay it before our readers. —EDITOR BUFF. MED. JOUR.

At the last meeting of the Academy of Medicine, the following report on the subject of ship fever, which has been the cause of so much excitement and alarm among our citizens, was read by Dr. Stewart, in behalf of a committee appointed at a previous meeting to investigate the subject.

NEW-YORK, July 7, 1847.

The committee appointed at the last meeting of the Academy, to investigate the subject of the prevailing typhus, typhoid, or ship fever, respectfully Report,

That in accordance with their instructions, they have visited and inspected all the public hospitals and private institutions in the vicinity of the city into which fever cases have been received; and the result of their investigations has been so far satisfactory, as to have enabled them to obtain a vast amount of valuable general and statistical information in regard to the subject upon which they are required to report; which will place it in their power, at some future period—when sufficient time shall have been allowed to collect and arrange all the data upon which their report will be based—to present what they conceive will be an interesting and valuable record of medical experience, in regard

1st. To the origin, causes, and mode of propagation of the fever of the present season.

2d. To its distinctive characters.

3d. To its autopsic phenomena.

4th. To its statistics, and

5th. To the course of treatment which has been attended with the most satisfactory results.

Sub-committees have been appointed to examine into each of these departments of the general subject, and a correspondence has been opened with the health officers of various seaports on our continent, at which the disease is prevailing.

As a considerable time must elapse, however, before all the expected returns can be received, and a final and satisfactory report rendered your committee have deemed it expedient, in view of the state of public alarm in regard to this fever, to submit to you at the present time, some few general facts and conclusions in connection with the subject ,which, if allowed to go forth with the sanction and approval of the Academy, will be calculated to remove from the public mind all fear in relation to the danger to be apprehended, either by citizens or strangers, from this cause.

That there has been during the past three months an unusual number of cases of typhus, or ship fever, in our public and private hospitals,is undoubtedly true; it has been confined, however, almost entirely to emigrants, and particularly to those arriving from Ireland, to whose unhappy condition at home, and the criminal negligence of those engaged in transporting them to our shores, may be attributed the vast amount of suffering and sickness to which they have been subjected.

The records of the Commissioners of Health show that no less a number of steerage or emigrant passengers than 84,218 arrived at this port during the first six months of the present year, and of these 74,428 have been landed since the first of April; giving a monthly average since the latter date of nearly 25,000.

This immense increase of emigration is alone sufficient to account for a large increase in the number of cases of a disease which always prevails with us at the period of the year when emigrants are arriving. In addition to this, however, other causes, already alluded to, have had a material influence in causing the sickness of the present season.

It is now a well established fact, that typhus, ship, or jail fever is capable of being produced at any time when a large number of persons are congregated together in a confined space, and deprived of the means of cleanliness, pure air, and proper nourishment, and as most of these causes, have existed to an unparalleled extent in the case of emigrants of the present season, it is rather a matter of surprise that so small a number, comparatively speaking, should have suffered from it. In the case of the Irish paupers introduced amongst us, all these causes have been in full operation; previous to embarkation they had been for a long period in a state of utter destitution—but little short of actual starvation. They have been taken on board ship in a filthy condition, and in most cases were unprovided with a single change of clothing. Numbers of them, to the extent, in some instances of more than five hundred, have been received into the steerage of one vessel, and their condition at sea has sometime been most deplorable. In a British vessel, (the ship Ceylon,) which your Committee were, through the politeness of the health officer, and his deputy, Dr. Harcourt, enabled to visit and inspect on her arrival, we found 257 passengers huddled together in the steerage, which was in a most foul state. This vessel had lost as many as 30 of her passengers, previous to her arrival, and 115 were then so ill as to render it necessary to land them at the quarantine hospital.

At other ports on this continent, vessels have arrived in a still worse condition, The ship Loosthauk, from Liverpool to Quebec, had to put into Chatham in distress. She had on leaving England, 349 steerage passengers, of whom 117 had died on the passage, and only 20 persons on board had escaped sickness. Five emigrant vessels arrived at Quebec, about the middle of the last month, which had lost at sea no less than 275 of their passengers—an average of 55 for each one of them.

The returns made to our health officer, at Staten Island, by captains of vessels arriving here, show an aggegrate of 947 deaths at sea on board of vessels coming from European Ports; and three-fourths of the number addmitted into the quarantine hospital (most of them Irish) have been taken from British vessels.

These facts prove conclusively what is the cause to which we are to attribute the increase of ship fever during the present season.

Notwithstanding this great increase, however, we think that no danger need be apprehended by our citizens. But few of the causes, productive of the disease, exist among us; and no apprehension need be felt of its becoming epidemic, so long as due attention is paid to cleanliness and ventilation.

The disease has, so far, been exclusively confined to emigrants, and those in constant attendance upon them—such as physicians, medical students, and nurses. We have been unable to collect the particulars of more than two or three cases, which were not traceable directly to intercourse with those laboring under the disease, and who had lately arrived from sea. Although hundreds of cases have been congregated in our public and private hospitals, no person living in their vicinity has been attacked. None have suffered but those who, as has been already stated, are in constant intercourse with, and daily attendance upon, the sick.

The bills of mortality, too, show that the disease has been confined almost entirely to the hospitals.

From the City inspector's returns, we gather that the whole number of deaths, in this city, from typhoid and typhus (ship) fever, was, from the 2d day of January to the 26th of June, inclusive, 570

Of these there died—

At the Bellevus Hospital	260	
" Children's Hospital on Blackwell's Island	18	
" Penitentiary Hospital	6	
" City Hospital	62	
" Private Hospitals at Bloomingdale and Harlem (whole mortality 201, of which as these hospitals are for sick emigrants exclusively, it is fair to presume the greater part were of ship fever), say two-thirds, or	134	
Total of deaths in hospitals	480	
Leaving for all other public institutions and the city generally, only	90	
		570

This is a mortality so trifling, when it is borne in mind that it occurs in a population of more than 400,000, and embraces a period of six months, that it affords no ground whatever for apprehension.

In addition to all this moreover, ample provision has now been made by the Commissioners of Emigration to provide for the accommodation of sick emigrants without the city precincts.

From the foregoing facts, and other information in their posession, your committee feel themselves fully justified in presenting for your consideration and adoption the following conclusions:—

1. That although there has been a decided increase in the number of cases of typhus, or ship fever, in our city during the present season, as compared with other seasons, such increase is only in proportion to the increased emigration of the present year, and the bad condition of the emigrants.

2. That the disease is confined almost exclusively to emigrants, and those who are in direct and constant attendance upon such of them as are sick.

3. That no danger need be apprehended of the disease becoming epidemic; and that, with a due regard to cleanliness and ventilation, our citizens have no cause whatever, for alarm on the subject. All of which is respectfully submitted.

Ordered to be printed.

Ship Fever in Canada.—We quote the following from the British American Journal of Medical and Physical Science.

"Up to the present moment, 32,338 emigrants have landed on our shores; and of this number, exclusive of those who have died on the passage, and are sick in this city, Quebec, and the intermediate places, (and of whom we have no record, because not entering the hospitals,) upwards of 5000 have been known to have been ill—being about one-sixth of the whole number. The medical staff at the Quarantine, and at the Emigrant Sheds in the vicinity of this city, have received additions to their numbers; but are yet insufficient to meet the exigency. The medical officers in charge are worn out and harrassed with their ardous and unceasing labors. The mortality is appalling. At the Quarantine establishment at Grosse Isle, 2,796 cases, of which more than four-fifths were cases of fever, have been treated between the 8th of May 19th June. Of this number 565 have died, being at the rate of 1 in every 4.9 cases, or 20.4 per cent. At the Emigrant Hospital, in the neighborhood of this city, between the 13th and 28th of June, 1420 cases, all of fever, were admitted—the deaths during the same period 331, affording a greater ratio of mortality, the rate being 1 to every 4.2 cases, or 23,8 per cent. We have not been enabled to arrive at any satisfactory conclusion with reference to the Marine Hospital at Quebec, no return having been made to the Provincial Secretary's Office anteriorily to the 20th of June. The weekly return during the period between the 20th and 26th June, gave a total number of 859 cases; of which 394 were cases of fever, and 24 of dysentery. The mortality during the same period was 27. Assuming that this mortality was met with exclusively among these cases, it would form a rate of 1 to every 15.4, or 6.4 per cent, a ratio so disproportionate to what has been observed at the other stations, that we can place no reliance upon it, as indication of the character or type of the cases admitted. We are enabled to speak more positively and with greater certainty, with reference to the Montreal General Hospital. From the 28th May to the 28th June, 298 sick emigrants were admitted. Of these 143 were cases of typhus, 18 were cases of diarrhœa, and 97 of common continued fever. The mortality among the typhus cases, every one of which was of the petechial type, was 1 to 4.9, or 20.4 per cent. Of the cases of simple continued fever and diarrhœa, one only, respectively, died; while estimating the mortality upon the general number of admissions, as we have done in the other institutions, we find it to have been for the same period, 1 to every 7.7 cases, or 12.9 per cent., the total admissions having been 324, and the deaths 42.

We regret that our data are so imperfect. The returns from the institutions at Grosse Isle, the Marine Hospital, and the Emigrant Sheds in this city, afford but general results. The deaths are recorded, but without specifying the particular diseases under which the mortality occurred. For general purposes, they may be turned to advantage, but for special ends, such as the ratio of the mortality of a particular disease, they are valueless. The return of the Montreal General Hospital may be assumed as a fair criterion of the average mortality of the ship fever, even under its most favorable chances of treatment, and portrays its malignant character, and its fatality, in a manner which cannot be misinterpreted.

We do not wish to be considered as alarmists, nor are we writing for the purpose of engendering any unnecessary or groundless apprehensions. The disease is an eminently contagious one; and the records of private practice, both in this city and Quebec, (as we have been informed,) proclaim its steady progress among the inhabitants. To be forewarned is to be forearmed. Let the strictest cleanliness prevail everywhere. Let the Boards of Health be active and energetic in their duties, and let the civic authorities pay immediate attention to their reports, and carry out their suggestions with vigorous determination, laying all pecuniary considerations aside. Public health is public wealth; by paying due regard to the former, the latter is certain to follow; and the funds of the city are much better employed, and will produce a greater and more satisfactory return by the mode indicated, than by all the embellishments which the same amount of money might command. We think that the emigrants, under existing circumstances, should be debarred all communication with the citizens.

Prof. Parker's Clinique, College of Physicians and Surgeons, New-York.

Case 1st.—Rheumatism.—A boy of 15, after being exposed to cold and wet, was seized with pain in the back, shoulders, thighs, and knees. Complains most of right knee, which is swollen from slight effusion into the joint, causing a limp in the walk. The tongue is coated, bowels not free, urine somewhat scanty and rather higher color than natural. *Remarks by Dr. P.*—The pain in both thighs and knees might induce the suspicion of some spinal disease, but examination elicits nothing further to warrant it. The three affections which are apt to present themselves in the knee are acute synovitis, scrofulous synovitis and rheumatism. Having arrived at the conclusion, in my own mind, that this boy has the latter, let me give you my reasons for this opinion. Rheumatism, like gout, is a constitutional disease, having its origin in morbid function of the digestive apparatus. In its articular visitations, it rarely confines itself to a single joint, but attacks several simultaneously or in succession. The secretions generally are changed, the perspiration and urine becoming in some cases strongly acid, and the latter containing lithic acid deposites. The violence of the general symptoms depends, in some degree, upon the nature of the tissues involved, being more intense where the disease attacks the *fibrous* membranes near the joint, than in the *synovial* variety. A distinction in the local appearance is also observed in these two forms of rheumatism. In the *fibrous* form, the pain generally occurs sometime previous to the swelling, which is rather a puffiness from effusion into the cellular tissue, and exhibits pitting like general œdema. In the synovial variety, the swelling supervenes soon upon the pain and depends upon actual effusion into the cavity of the joint. The contour of the articulation is changed, and fluctuation frequently is detected in exposed joints. The redness is generally diffused equally over the part, while in the first species it often follows the course of the tendons. Let us refer to some of the characteristics of the two other diseases which I mentioned might occur at the joint, and are therefore to be borne in mind in forming our diagnosis in the present case. It is necessary only to allude to one or two of their distinctive features to assure ourselves that they do not exist in this boy. Acute synovitis occurs after puberty, from exposure to vicissitudes of temperature, and is a local disease affecting a single joint. Chronic or scrofulous synovitis is most common among young children, who present marks of strumous diathesis, is insidious in its incursion and tedious in its progress. We are led then, by exclusion, to attribute our patient's suffering to rheumatism which exhibits itself most strikingly in the right knee. In this opinion we are confirmed by the constitutional symptoms, indicating disturbance of the digestive functions, and by the number of articulations implicated. Now what *treatment* is to be pursued here? Before commencing the treatment of any case of disease, gentlemen, ask yourselves these questions. What do I wish to accomplish? What indications are to be met and followed? Don't prescribe for a name, nor label the boxes and bottles in your saddle bags, as I have known done—"good for rheumatism;" "good for fever and ague," &c. Such empiricism, in the profession, it is which has proved the "eccalabeon"—the egg-hatching process of not a little of the quackery that infests our land. But *revenons a nos moutons*. We have here general and local symptoms to combat, and our treatment must be pretty active. Let us correct the derangement of the digestive functions, and the local trouble will soon disappear. The patient should go home and go to bed. I would advise Pil Hydrarg. and Pulv. Doveri, aa. gr. v. at bed-time.

and in morning Tr. Sem. Colchici. m. xx. c. Magnes, Calc. ℥ss. in mixture. This will probably produce purging and relieve the rheumatism; I employ the magnesia here against the acid secretions, and you will find alkalies generally valuable in the treatment of rheumatism or gout. Locally, it is not a matter of much importance what you do, but it is well to envelope the part in oiled silk or flannel. Remember, the disease is a constitutional one, requiring constitutional treatment and rest.

Case 2d.—Scrofulous enlargement of lower extremity of femur in a boy æt. 5 years. The right knee is considerably enlarged, the swelling being elastic and puffy, but not fluctuating, and preserving the form of the articulating extremity of the bone. The motion of the joint is somewhat impaired, and the boy walks with a limp. There is occasional pain in the part which is not severe. The integuments over the part are discolored and the veins clearly perceptible. The complaint is attributed to a fall received sometime since. *Remarks by Dr. P.*—Although in the present case, the articulation is not primarily involved, it may become so secondarily, and I exhibit it as illustrating a point in pathology on which Nelaton has contributed much valuable information. This is one of the diseases popularly known as white swelling. It occurs in strumous patients, and you observe in this boy unmistakeable signs of scrofulous taint. The disease consists of a deposition of tuberculous matter, either encysted or infiltrated, in the cancellar structure of the bone. As the tendency of tubercle is to soften, ulceration may occur through the bone into the joint, or external to it, leading to repeated abscesses which penetrate the integuments, discharging their pus, containing a curd like substance. This may after a while become cheese-like in its consistence, resembling the matter found in scrofulous absorbent glands. The disease is very slow in its progress, and it is remarkable how little the patient sometimes suffers. even where the cartilages of the joint have ulcerated. This is very different, whon ulceration of these organs has proceeded from other causes. Sometimes, however, portions of bone become exfoliated, and lying in the cavity of the joint, give rise to excessive pain.

The *diagnosis* of this affection is easy in the first stage. When the joint becomes involved it may be mistaken for diseases arising from other causes, but the history of the case, the remarkable absence of pain in its commencement, the puffy elastic feel, from effusion into the cellular membrane, as distinguished from effusion into the joint itself; the tedious progress of the disease, and the scrofulous constitution, all assist us in arriving at a proper conclusion as to its nature. The *prognosis* is variable. Spontaneous recovery sometimes occurs even after the formation of abscesses and sinuses. In others the general health becomes seriously deranged, hectic ensues, and the patient sinks unless rescued by sacrificing the limb.

Treatment.—This disease, like the last we considered, is a constitutional one, and if forgetting this, you seek to cure your patient by local means alone, you will be disappointed in your efforts. The constitutional treatment should be such as is indicated by the scrofulous taint—generous diet, good air, the iodides of iron or potash, the wine of iron &c., &c. Locally, a variety of external applications are recommended, as blisters, escharotics of iodine, or ungiod. and hydrarg., &c., &c. I like verymuch free scarifications followed by poultices. Entire rest of the part is important. This can be effected by a splint. Sir B. Brodie recommends a pasteboard splint on each side of the limb, secured by a roller. Dr. Batchelder's plan, which I have frequently referred to, the compress sponge around the joint, covered with roller and kept wet, was used successfully in one case which came here. We will try in the present instance, and will probably be able to inform you of the result. The rationale of the operation of this plan, is absorption by continual pressure, from the swelling of the sponge.

We will remember, gentlemen, a case of scrofulous synovitis of the shoulder joint and another of the ankle, which presented themselves last Monday. I remarked at that time, that the first instance was a rather unusual one, this disease effecting other joints much oftener than the shoulder. Both patients were young children, each strongly scrofulous. The disease, in fact, almost always occurs within the first five years, advances slowly but steadily to absorption of the synovial membrane and cartilages and final destruction of the bone. In some cases the synovial membrane becomes fungeous. The various forms of this affection are so numerous at our weekly meetings, that you can scarcely require any present instruction as to its diagnosis and treatment. It is easily and early recognized by the pain produced on pressing the articular surfaces together. As to the treatment, if the hip be the seat of the disease, and you see it before suppuration has commenced, an issue back of the trochanter, kept open a long time, will do much good. If in the ankle, scarifications and poultices, followed by bandages, are useful. But let me again remind you of your general treatment and judicious regimen.

In acute synovitis, such as you saw in a woman at a recent meeting, you have an inflammatory affection requiring an antiphlogistic course—purgatives of pulv. purgans, and locally, leeching or cupping, until the inflammation is subdued. Then pressure by roller, or stimulating applications will be useful to procure absorption of effused matters.

Case 3d. In connection with the subject, I wish to draw your attention to the case of a man who complains of pain in his right hip, which commenced about two months since. There is nothing in the appearance of the patient indicating any serious disease. From the location of the pain, we might be led to suspect disease of the hip joint, but there is no increase of uneasiness when percussion or pressure is made on the trochanter, and the flexion of the limb is not impaired. When a joint is diseased, the patient is stiff in the morning and *thaws out*, as it were, as the day advances. This man feels pretty well in the morning, but becomes stiff and fatigued at night. Hence I conclude the trouble is not in the articulation. Let us inquire about the small of the back. The patient has pain there, which is worse when standing than when walking. This is always the case in mere debility of the part, while if inflammation were present, the uneasiness would be increased by motion. The man tells us he cannot rise easily and readily from a stooping posture, a fact often noticed among young men who masturbate. Our patient was married six months before the difficulty began, and it might be a question whether the latter had any connection with venereal indulgence. The pathology of this case is irritation from over taxation of the spinal nerves.

Treatment. Avoid any appreciable causes, use cold dash and friction to loins and hip; regulate bowels and diet.

Surgical treatment in œdema of glottis.—We quote the following from the proceedings of the N. Y. Medical and Surgical Society, as reported for the Annalist, July 15, 1837.— ED. BUFFALO MEDICAL JOURNAL.

Dr. Buck stated, that it had long ago occurred to him, that in cases of the œdema of the glottis, when suffocation seeemed imminent, that the patient might be relieved by incising the edges of the glottis and epiglottis. An opportunity having recently occurred, he had had recourse to the practice with decided benefit. The patient suffering under inflammation of the fauces, became affected with dyspnœa, attended with paroxysms of impending suffocation. On passing the finger into the fauces, the epiglottis could be felt enormously swollen and tense. The swelling of the glottis could likewise be distinguished. In the operation, a pair of curved, sharp pointed scissors was employed, and afterwards, a curved, sharp pointed bistoury, guarded to within a quarter of an inch of the point. The patient expectorated two or three spoonsful of blood, mixed with the secretions of the fauces, and expressed himself decidedly relieved. Besides the operation, the patient was bled, leeched, inhaled aqueous vapor, &c. He recovered.

Dr. Clark said, that he thought the suggestion of Dr. B., a highly important one; the œdematous swelling, in such cases being principally situated on the posterior surface of the epiglottis, and on the upper and posterior part of the glottis. In this last situation it had a valvular action, rising up during expiration, but closing, and thus impending inspiration. Indeed, the fact that the difficulty occurred only during inspiration, was characteristic of the disease Dr. C. thought the parts could be safely and easily reached, and that the operation afforded every promise of relief.

Plagiarism.—A volume "*On Tumors of the Uterus and its Appendages*, by THOMAS S. LEE," which received the Jacksonian prize, has very recently (1847) been published in London. If any one will look over its pages, and particularly over table No. 11, and the deductions drawn from it, commencing on page 283, and compare it with a similar synopsis, published in the *Amer. Med. Journ.* for April, 1845, page 330, he will there find a table of the *same* kind, having the *same* arrangement, *similar* heading, and even the *same language*, with full references, by Dr. D. Atlee, of this city; yet we cannot discover that Mr. Lee has made any acknowledgment to Dr. Atlee. On the contrary, he assumes the authorship in these words, page 183: "*I have carefully collected into a tabular form all the known operations for the extraction of the ovary!*" We happen to know that the construction of the table cost Dr. Atlee much time, trouble, and labor. His careful synopsis of the leading features of each case, with the references to authorities, was peculiarly valuable to the profession in the consideration of this important question. It is evident on the pages of Mr. Lee's work, that he has availed himself extensively of this aid, and we regret that he did not think it best to award justice to whom it is strictly due. It would appear from the foot notes, p. 270, that Dr. Atlee's table was before him. The *only original* matter furnished by Mr. Lee is the *addition* of *some* cases occurring since the publication of Dr. Atlee's table, and arranged under the *same* heads. He has failed, however, in noting *all.* So entirely has he depended upon Dr. Atlee's table that he has not even added four *recent* cases, occurring in *his own country*, and *noticed* in the journals before his work went to press.—*Medical News.*

Affection of Peyer's Glands in Adynamic Fever.—At a meeting of the New-York Medical and Surgical Society, January 23d, Dr. Swett stated that he had lately had three cases of typhus, throwing some light upon the pathology of the disease, especially as to the condition of Peyer's glands. The patients arrived in a vessel in which the disease had been very violent, the captain and all the sailors having suffered from it. In the first patient, no ulcerations were discovered, but some patches of Peyer's glands, near the ileocæcal valve, were enlarged and discolored, being of reddish brown hue. In the second, a girl of 20, who had the ordinary symptoms, the glands of Peyer were very much inflamed and ulcerated. The third case was that of a boy, attacked in a week after landing, who had suffered much privation. At the time of his entrance into the hospital, he was exceedingly prostrated. Stimuli were given at once, and he improved considerably. He lived for a fortnight afterwards, and for the last week seemed constantly dying. A day or two before his death, livid discolorations of a linear form appeared about the upper part of the abdomen, as if from the bursting of small veins. On post-mortem examination, no disease of Peyer's glands, whatever, was discovered, except that some of them were hypertrophied, the results, no doubt, of former disease. In the cœcum, there were about a dozen sloughing ulcers, irregular in shape, the largest of them about the size of a five-cent piece. Taking the three cases together, it appears that the disease, although of common origin, may or may not be attended with ulceration of Peyer's glands. This is in accordance with opinion of the English, and opposed to that of the French pathologists.—*New-York Annalist.*

EDITORIAL DEPARTMENT.

National Medical Convention.—[The following remarks were written for the June No. of the Journal, and have hitherto been excluded by the press of other matter. We take this occasion to state, that we shall soon redeem our promise to furnish our readers with the code of Medical Ethics adopted by the Convention.]

The number of delegates which were assembled at the convention, and the fact that nearly all the states of the Union were represented, afforded sufficient evidence that a desire for union and organization prevails among the profession throughout the country: if farther proof were required, the harmony and unanimity which pervaded the convention, and characterised all its actions, abundantly demonstrate it. It may be questioned if the deliberations of so large a body upon subjects of deep interest to each individual member, ever exemplified a better spirit. Assuredly we may refer to that meeting, as well as to the convention which preceded it, as showing conclusively that the medical profession (of this country at least) are not so prone to disagreement and wrangling as is often sneeringly insinuated. It was remarked by a spectator, that he had attended many ecclesiastical assemblages, but he had never observed, even on those occassions, such entire absence of bitterness of controversy, and such scrupulous observance of courtesy and decorum, as in the present instance. Nothing, in fact, occurred to mar the dignity of the convention, or diminish the satisfaction which every member appeared to feel in being present. If we were to indulge any criticism it would be to take some exceptions to the disposition manifested by a few to occupy too exclusively the time and attention of the convention in the discussion of every subject. If we could flatter ourselves that our advice would reach the persons obnoxious to this remark, and that it would exert any influence provided it did reach them, we should be tempted to counsel them to endeavor to restrain hereafter that *cacoethes loquendi* to which they are prone on such occasions. We would enjoin this, not only because their strenuous efforts to anticipate others displaces those whom it would have been more acceptable should have been oftener heard, but, also, because the result is, that they failed to secure for themselves that consideration which they so much desired, and which they might have obtained, if they had exercised the art of keeping silence, as well as the art of speaking well.

The most important of the special acts of the convention was the recommendation to medical schools to extend the term of lectures from four to six months. As to the great advantage which will accrue to medical instruction from adopting this course, we have no doubts. The present period is too limited for teachers to do justice to their several departments, without crowding into a given space, a greater amount of labor for the pupil than he can perform. The number of lectures now given daily at most medical institutions is greater than is compatible with proper attention and benefit on the part of the student, and, to some extent, also, with due devotedness on the part of the instructor. We believe such is the view generally entertained by those connected with medical institutions, and we do not doubt that they will be inclined to extend the term of lectures in conformity with the recommendation of the convention. The necessity of all or nearly all the schools uniting in order to effect this change is obvious. It is not to be expected that a few will consent to extend their terms unless sustained by a similar action by the majority. It is natural and proper to look to some of the older metropolitan schools to take the lead in this matter. The* University of Pennsylvania, the College of Physicians and Surgeons in New-York, and the Boston school, for examples, should be among the first to move. We hope each or all these institutions will soon announce an intention to follow the recommendation of the convention, and we are persuaded that other institutions will at once, on speedily follow their example. It has been suggested, and with some force, that to extend the lecture term for the ensuing season to six months, might be considered to be acting in bad faith to those students who have attended one course of lectures under the present arrangement. In order to meet this objection, and to avoid the difficulties of a sudden change, we would suggest that for the next session, the term be extended to five months, notice being given in forthcoming circulars that after the ensuing session the sixth month will be added.

It had been supposed by some that one of the subjects which came before the convention, viz:—the proposition to dissever teaching and licensing, would occasion much excited discussion, if not be productive of discord. There appeared, however, to be pretty general unanimity in deferring action upon this subject until it had received farther consideration by the profession at large, all being agreed that the object of the convention was not to *revolutionize* but to *reform*, and that important changes should not be recommended without due deliberation. In justice to those who expressed views in advocacy of the proposition referred to, it should be stated, that they severally disclaimed any wish to depreciate medical schools, or to derogate from their importance to the medical student. The proposition, as enunciated by its advocates in the convention, is not to deprive institutions of their prerogative of conferring the doctoral degree, but to institute boards of examiners in each state, consisting in part of those who are, and in part of those who are *not* connected with schools, whose approval of qualifications shall be necessary to confer a license to practice. We will not now stop to discuss the propriety or practicability of this scheme. It was by no means exclusively supported by those not connected with schools, and who might be suspected of hostility to them, but was advocated by several who hold distinguished positions as public medical teachers. The few who, from local circumstances, or personal considerations, may have indulged hopes that a spirit of animosity toward medical institutions would ensure discord if it did not declare itself in the action taken by the convention on the subject, were egregiously mistaken. If members were present who entertained such feelings their expression was restrained by the moral influence which the character of the convention, and the general tone of sentiment which prevailed, could not fail to exert.

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*By reference to another page, it will be seen that the Univ. of Pa. has taken the lead.

The important ends attained by the convention are not to be measured by its special acts. A spirit and energy have been developed and diffused by these *reunions* which will not soon be quenched, and which will be productive of incalculable benefit both to the science and the profession. Their influence may already be observed in the new life which has been infused into local associations, and state conventions. We have expressed on a previous occasion the opinion that they would constitute an epoch in the history of medicine in this country. We repeat the remark with a still stronger conviction that the prediction will be verified. In order for the profession of this country to become all that it is capable of becoming, and to accomplish all that it could reasonably expect to accomplish, it is only necessary to feel and act unitedly. There is no body of men in the country that can exert greater influence and power to effect any objects than the Medical Profession. Let there be unanimity as to what will really prove advantageous, and united zeal in the endeavor to procure what is desired, and success is certain. In these remarks we do not refer solely to objects of a scientific nature, but to those which involve the sentiment of community, or the acts of Legislation. The moral, and, we will add, (but in no unworthy sense) the political power, which, as a profession, acting unitedly, we may exert, must almost necessarily be irresistable. We have only to be persuaded in our own minds what ends it will be the part of wisdom to seek for, and to act perseveringly, and in concert for their attainment—and they will be accomplished. We conceive that the correctness of this statement might be rendered as clear and convincing as speculative reasoning can establish any truth of a similar nature.

The institution of the *National Medical Association* we deem the most important of the acts of the convention. We now have a permanent organization, by means of which all may co-operate in furthering scientific objects, and in promoting the interests of the profession. Having recently considered some of the advantages which, in our estimation, may be derived from such an association, we will not, at present, offer any farther remarks on this subject. With respect to the details of the organization, upon which there was some discrepancy of opinion, we may present our views hereafter. Should it be found that improvements in the constitution adopted by the convention are desirable, they can at any time be effected, and inquiry with respect to this point should engage the attention of the profession.

In conclusion, we think the profession have cause for gratulation that the movement for *union and organization* has progressed thus far in so satisfactory a manner. Let the same zeal and harmony continue, and we cannot but hope, and believe, that results will be attained which will be highly conducive to the interests of medical science, the medical profession, and of humanity.

BIBLIOGRAPHICAL NOTICES.

The Principles and Practice of Ophthalmic Medicine and Surgery. By T. WHARTON JONES, F. R. S., Lecturer on Anatomy, Physiology, and Pathology, at the Chareing Cross Hospital, &c. &c. With one hundred and two illustrations. Edited by ISAAC HAYS, M. D., Surgeon to Will's Hospital, etc. 1 vol. 12 mo. Lea & Blanchard publishers, Philadelphia, 1847. p. p. 509.

This is one of a series of most excellent Medical and Surgical Manuals, or text books, and to us it is not the least valuable of them all. A well digested *text book* upon diseases of the eye has been a desideratum which both teachers and pupils have felt, and which is now happily supplied. The book is concise, clear, and well brought up to the discoveries and improvements of the day ; and in no department have such rapid advances been recently made, as in Ophthalmic Surgery, and especially among the Germans, under the practical investigations of such men Ammon, Chelius, Graefe, Himly, Juengken, Ructe, and others. The author himself, also, has added considerable original matter from his own extensive experience, and has admirably arranged the whole.

In the introduction we are furnished with a brief history of Ophthalmic Medicine and Surgery.

The text is divided into 11 chapters, and the chapters into sections and sub-sections, the sub-sections numbering in all 2688, which, with a copious index, renders a reference to any passage in the book exceedingly easy.

As an illustration of the anthor's method, we have taken at hazard the following general remarks upon the subject of *Eye-salves:*

"*Eye-salves*—Salves are applied to the borders of the eyelids, or to the whole conjunctival surface. In the former case only, should the patient or his attendants be intrusted with the application. In the latter case, more discrimination, as well as tact, being required, the surgeon should apply the salve himself.

Before applying a salve to the edges of the eyelids, all incrustations of matter about the roots of the eyelashes must be removed. This is done by first rubbing the part with fresh butter or lard, and after a while bathing it with tepid water; the incrusting matter is thus softened, and may readily be separated with the finger-nail or head of a pin.

The anointing of the edges of the eyelids may be performed by means of a hair pencil, or simply with the point of the finger. The eyelid being held slightly everted, the salve is applied along its border to the mouths of the Meibomian follicles, then smeared outside the insertion of the eyelashes, and afterwards carefully rubbed in at their roots, the eyelids being at the time kept gently closed.

When a salve is to be applied to the whole surface of the conjunctiva, a piece the size of a split pea is to be taken up on the point of a probe, or on the point of the nail of the little finger, and insinuated under the upper eyelid, while this is drawn forward from contact with the eyeball. When the salve is fairly in the eye, the upper eyelid is to be gently drawn down, and rubbed over the eyeball with the finger for a minute or two, in order to diffuse the salve, now melted by the heat of the eye. between the eyelids and eyeball, and consequently all over the conjunctiva.

If the palpebral conjunctiva be the part on which the salve is principally to exert its action, the application may be limited to it, in which case the pain is less severe than in the former. Having everted the eyelids, the exposed conjunctival surface is to be rubbed with the salve either by means of a hair-pencil or the point of the finger.

Salves are sometimes applied to the lachrymal passages, by smearing the meshes, cat-gut strings, &c., of which are introduced into the nasal duct, whether from the nose or through an external opening into the lachrymal sac.

In regard to the application of a strong salve to the eye, it is necessary here to give a caution, viz., not to insert it in a lump within the lower eyelid and leave it there. I have seen the conjunctiva of the inferior palpebral sinus in a sloughy state from a lump of nitrate of silver ointment having been put in, and no care taken to diffuse it by rubbing the eyelid over the eyeball. In the case of ointment inserted under the upper eyelid, the natural motions of the part will make up in some degree for the neglect of the surgeon.

Examples of eye-salves.

R—Oxid. hydrarg. rubri bene lævigat. gr. iii—vi—xv.
Axungiæ præparat. ʒij.
Misce accuratissime: ft. unguentum ophthalmicum.

The two weaker forms are used for anointing the edges of the eyelids, and may be entrusted to the patient. The stronger form should be applied only by the surgeon himself. Applied to the whole conjuctival surface it is found a very efficient remedy in various inflammations of the conjunctiva, and ulcers, specks, &c., of the cornea. It is less severe in its operation than the nitrate of silver ointment.

The citrine ointment of the pharmacopœias, diluted with three or more parts of lard and oil, is a useful application to the edges of the eyelids.

R—Argent. nitrat. gr. iii—x.
Aq. destillat. q. s. ad solvend. nitrat.
Unguent. cetacei ʒj.
Prius solvatur nitras; dein misceatur accuratissime solutio cum unguento.

This ointment has been used with much success not only in chronic, but also in cutting short acute inflammations of the conjunctiva; but the pain it causes is very severe.

The following is what is known by the name of Janin's ointment for the eyes.

R—Præcipitat. alb. gr. xv.
Tutiæ præparat.
Boli Armen. ppt. aa. ʒſs.
Adip. suilli ʒi—ʒij.
M. exactissime: ft. ungt. ophthalmicum.

It is of great consequence that eye-salves should contain no gritty particles; the powders entering into their composition, therefore, should first be reduced by trituration to as impalpable a state as possible, and then carefully levigated with a little water or oil, previously to being mixed with the excipient. Substances soluble in a small quantity of fluid, such as the nitrate of silver and sulphates of zinc and copper, may be dissolved. When camphor enters as an ingredient into an eye-salve, it should first be dissolved in a fixed oil. The excipient best adapted for eye-salves is prepared lard, simple cerate, or spermaceti ointment.

That nothing might be left which could render the work complete, an excellent glossary is appended, in which the student will find, not only the definition, but also the root of every technical employed. In short, let us say to the reader, it is a book—

> "Which if you do open
> To readen and copen
> You will be unwilling
> For many a shilling
> To part with the profit
> That you shall have of it."

F. H. H.

The Gas War.—We have received another pamphlet on the subject of the Gas discovery. The author is Edward Warren, of Boston, Mass. The object is to establish the claims of Dr. Morton to the discovery. We see nothing in it to lead us to alter our views as expressed in our last number. The contest appears to be growing warmer, and we are sorry to perceive in the pamphlet referred to, personalities which are not relevant to the matter at issue.

Since the above was written, we notice in the Boston Medical and Surgical Journal a note from Dr. Edward Warren, well known from his valuable contributions to Medical Journals, stating that he is not the author of the pamphlet referred to, but a non-medical gentleman of the same name who is connected in the business of the patent with Morton. We had supposed the author to be Dr. Warren ; we are happy to be corrected,and, in justice to that gentlemen, to obviate in so far as we can the same error in others.

The Medical Students' Vade Mecum, or Manual of Examinations, upon Anatomy, Physiology, Chemistry, Materia Medica, Surgery, Obstetrics, Practice of Medicine, (including physical diagnosis and diseases of the skin) and Poisons.

Second Edition, revised and greatly enlarged, by GEO. MENDENHALL, M. D., Lecturer on Pathology in the Medical Institute of

Cincinnati and member of the Philadelphia Medical Society, &c. &c., Philadelphia, Lindsay & Blakiston, 1845, 12 mo. p. p. 474.

We cannot concur in the opinion expressed by some of our contemporaries, that works of this character are devoid of utility. If devoted to the purposes for which they are prepared, viz: to refresh the memory, and aid the retention of important facts, we conceive that they may prove convenient and serviceable both to the student and practitioner. They are by no means to take the place of extended treatises, but to serve as aids in the reviewal of knowledge acquired from legitimate sources. For this end we think they may safely and properly be commended.

The work by Dr. Mendenhall has already secured favor, as evidenced by the speedy exhaustion of a former edition. The present edition has been carefully revised and improved, and about one hundred and fifty pages of new matter added. It is therefore still more deserving of approbation and success, which it will doubtless receive.

Medical Botany, or Descriptions of the more important plants used in Medicine, with their history, properties, and mode of administration. By R. EGLESFIELD GRIFFITH, M. D., Member of the American philosophical Society; of the Academy of Natural Science, of Philadelphia, etc., etc. Scire potestates herbarum usumque medendi. Æneid xii. 396, with upwards of three hundred illustrations. Philadelphia, Lea & Blanchard, 1847. 8vo. pp. 704.

The objects and plan of this work will be understood from the following quotations from the preface:—

"The student who wishes to obtain correct systematical descriptions of the various plants employed in medicine, must either consult a long series of expensive books, or be content with the short notices to be met with in the usual treatises on the Materia Medica, and hence the important subject of Medical Botany has been almost wholly neglected in this country. To supply this want, has been the aim of the author in the present publication, which, whilst it gives a general view of the Vegetable Materia Medica, is still sufficiently cheap to be within the reach of all.

It may be asked, will not the excellent works of Pereira, Royle, Ballard and Garrod, and Drs. Wood and Bache, supply all the botanical knowledge that is required by the student? We think not; the intention of the authors of these treatises is rather to present to their readers an account of medicinal articles, and of their composition and uses, than to dwell on the characters and history of those derived from the vegetable kingdom; at the same time, they all contain much that is interesting and important on these topics. The work now offered to the profession is intended as a companion to the more practical treatises, and also to convey such information on the systematic classification, characters, and history of Medical Plants as has been necessarily omitted in the publications alluded to.

To render the publication more generally useful, especially to those readers who are not conversant with Botany, a short Introduction on the Structure and Composition of Plants has been prefixed, with a copious Glossary of terms, and a Conspectus of the Natural Orders of Plants containing remedial substances; these it is hoped will add to the value of the work, whilst they do not materially swell its bulk.

In the present state of Botanical Science, the most eminent authorities disagree as regards the best mode of arranging the natural orders, or their exact relations with each other. In this country, the classification of De Candolle is best known, more especially as modified by Drs. Torrey and Gray. By some, however, that of Lindley is preferred, whilst others prefer the system of Jussieu, &c. That adopted is founded on the views of De Candolle, but modified by those of Lindley, Gray, and others. The groups into which the orders have been divided, are mainly those suggested by the two latter authorities, but altered in some respects according to the views of the author.

In so far as we are capable of judging, the work is well adapted to fulfil the purposes for which it is designed, and will be found highly convenient and useful, as a work of reference, for the medical practitioner. The wood cuts are respectable, and the typography excellent.

Demise of another Medical Journal.—We regret to state that the *Lancette Canadienne*, a Journal in the French language, recently established in Montreal, has been discontinued for *want of support.*

Recommendations of the National Medical Convention.—We are gratified to see evidences that societies in different States are acting in furtherance of measures of reform recommended by the late Medical Convention.

The *Medico-Chirurgical Faculty of Maryland* have "forbidden the Board of Examiners to issue licenses except to such candidates as come up to the standard indicated," and the preliminary education is to be required from office pupils.

The *Connecticut Medical Society* at its session in May 12th, adop- the following resolution :

> *Resolved*, That before any person can be admitted into the office of a Physician, he shall furnish evidence of good moral character, and shall be examined by the Preceptor, and one of the Fellows of the Society ; the examination to be upon subjects of English education, and Greek and Latin languages. If found qualified, he is to receive a certificate to that effect, and to be enrolled as a regular student of medicine.

The following, which we copy from the *Medical News*, will be read with great satisfaction. We do not doubt that Medical schools generally will follow the example of the *University of Pennsylvania*. It was but just to concede to the oldest institution in the country the honor of taking the lead in this measure :—

> *Medical Department of the University of Pennsylvania.*—We are authorised to announce that the Medical Faculty of the University of Pennsylvania, in accordance with the recommendation of the recent Medical Convention, have resolved to extend their course of instruction. They propose to commence the regular lectures upon Monday the 18th of October, and to continue them until the last Saturday in March, thus adding four weeks to the previous term, and making the whole course about five months and a half. We understand, however, that it is designed to hold the commencement as usual, about the first of April, so that the candidate will not be detained later than in former years.

Since the foregoing was written, we have received the annual circular of the Medical College of the State of South Carolina, from which we cut the following:

> "The Faculty cannot suffer the occasion to pass withou expressing their unqualified approbation of the proceedings of the National Medical Convention, which was recently held in the city of Philadelphia. To the series of Resolutions relating to the subject of "a suitable preliminary education," addressed to the Profession at large —and those especially having reference to "judicious reform," and "a uniform and elevated standard of requirements for the degree of M. D.." addressed to the Medical Schools in particular throughout the United States—they give their cordial approval, and declare with promptitude their willingness to adopt them as soon as it shall appear that the generality of the Schools are prepared to enter upon their practical enforcement.

Semi-Annual Meeting of the Erie Co. Medical Society.—We omitted in our last No. to notice the semi-annual meeting of the Medical Society of this County, which was holden in June last. Of the proceedings of the meeting we recollect nothing of particular interest, except the appointment of a committee to correspond with members of the profession in different portions of the State, with reference to an united effort to procure the passage of laws sanctioning and providing for dissections. This action was taken in conformity with a resolution adopted by the late Convention. We propose to offer some remarks on this highly important subject in our next number.

The address was by Dr. Baily of this city; subject, Medical Education. We were unable to be present at the delivery of the address, but we are informed that it was creditable to the writer.

Quarantine Hospital. N. Y.—From the Annalist of July 1, we learn that the number of patients received at the Quarantine Hospital, N. Y. from May 31st, to June 1st, was 524; 402 sick of Typhus, of whom 13 died. From June 7th to 11th, there remained, of Typhus, cases, 584; deaths 11; in hospital, all told, 741; new admissions 289. From June 11th to 21st, there remained in hospital, of Typhus, cases, 616, death 16; new admissions 208; total number in hospital 641. Dr. Morley, jr. and Dr. Langer have been ill, but are recovering.

Sir E. L. Bulwer and Hydropathy.—Sir E. L. Bulwer, the novelist, who not long since wrote a romance, professedly founded on facts of his personal history, in praise of Hydropathy, has, as stated by the Annalist, returned to the true faith. Will he take pains to correct the evil he may have done by his former precipitate publication? We trow not. Like most others he will rest content with availing himself of the benefits of legitimate medicine, while his philanthropic efforts to bring the Medical profession into discredit and contempt, will remain unretracted, and unatoned for. Our readers will perhaps recollect that we predicted his new faith would be of short duration.

Iodide of Potassium in Hydrocephalus.—Several cases have been reported of late in different medical periodicals, which apparently exemplify striking results from the employment of Iodide of Potassium in hydrocephalus. A case has lately occurred in our practice in which the patient unexpectedly recovered under the use of this remedy. The Editor of the Annalist observes, in view of the evidence offered of its efficacy, that "it would be criminal in future to omit its use in this intractable disease."

Value of Medical Practice in London—Thirty Surgeons of London have sworn that their annual income amounted to $50,000, each, and three to upwards of $100,000. Sir Astley Cooper's business in his best days about $115,000 per annum.

Letheon,—The Boston Medical and Surgical Journal states that the Legislature of Connecticut has recognised the claim of Dr. Horace Wells, of Hartford, as the sole discoverer of the (so called) Letheon, and passed him a vote of thanks.

Statistics of Crime in France.—The Moniteur, government paper of France, states that during ten years, there were tried in the various criminal courts 41679 male prisoners, above the age of 25 years; among them were 33 priests, 33 lawyers, 75 notaries, 65 tip staffs, but not *a single medical practitioner.*

To Correspondents.—Our correspondent who has sent us an article on "Medical authorship," is respectfully informed that we reluctantly decline its publication, from its want of application to the subjects which, for the most part, our readers require at our hands. We have received various intimations that, for our work to be acceptable, its contents must have direct or indirect relations to practical medicine. *Cui bono* is the motto of the day; and perhaps in no province of science or art more than in medicine is utilitarianism more essential as respects the estimation of Practitioners generally. The author of the article referred to will, we trust, appreciate our motives. We are by no means insensible to the ability displayed in its composition, and predict for him high reputation as a writer when time and experience have chastened somewhat the enthusiasm of youth. We hope when he enters the arena of *Medical Authorship* he will avoid the faults which he so justly ponrtrays.

We must decline the report of a case of malignant disease of tongue and mouth, although it is not without interest, and is drawn up with more than ordinary ability. Our reason for declining it is, that it conveys reflections upon the professional skill of the medical gentlemen who had preceded in the treatment of the case. We presume this occurred through inadvertence, but our correspondent must agree with us that it would not less be a violation of medical ethics in a published communication, than in an oral expression of opinion.

The letter signed *Sophronistes* we presume was not intended for publication, but was designed for our especial benefit. The burlesque is well done, and perhaps the satire is merited; but the writer has doutless too much kindness of heart to wish to see it in print.

We take this occasion to say, generally, with regard to contributions to our pages, that not the least important of the objects for which our journal was instituted, is to afford a medium for the free interchange of views, and the communication of facts for the benefit of science and the profession. We would not only invite, but earnestly solicit contributions, and, provided our correspondents confine themselves to topics of practical interest and importance, avoiding personalities, we are not disposed to be over fastidious in accepting their productions. In exercising our privilege of declining articles which are objectionable in some of their features, or which do not seem adapted to the wishes of our readers, albeit creditable in a literary point of view, we trust our correspondents will neither be dissatisfied, nor deterred from continuing their efforts. We wish we could induce a greater number of our friends to become writers, both for their own satisfaction and our advantage—but on this subject we will have something farther to say hereafter.

Medical Meeting.—At the Semi-Annual meeting of the Genesee County Medical Society, held at the American Hotel in the village of Batavia, on the 2d Tuesday of June, 1847, it having come to the knowledge of this Society, that Drs. Almon Pratt and Alfred Wilcox, of Le Roy, have connected themselves with Quackery in its worst form, it was therefore, on motion of Dr. Ford, unanimously

Resolved, That the two above named individuals be and are hereby expelled from this society.

Resolved, That the above resolution be published in the papers of this county, under the direction of the Secretary.

H. GANSON, Sec'y.

Notice of the work by Prof. G. B. Wood on the Practice of Medicine. is crowded out of this number, and will appear in our next.

BUFFALO MEDICAL JOURNAL
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ORIGINAL COMMUNICATIONS.

ART. I.—*Observations on Enlarged Tonsils.* By FRANK H. HAMILTON, M. D., of Buffalo.

DR. FLINT:—I have brief notes of 52 cases of enlarged tonsils which I have extirpated. The notes have been made chiefly by my students, and are not as full or systematic as I wish they were; yet, the experience which they embody, is perhaps worth recording. I have made some operations in addition to these in my note book, but in the following summary and conclusions, I shall endeavor to confine myself to such practical inferences as the *recorded* cases alone will justify.

Pathology.—In all the above cases, the glands have been simply enlarged and slightly indurated, except that in six or eight instances a few small tubercular deposites have been found in them. I have never seen them schirrous, or affected with any other malignant disease. Of some 50 or more preserved in alcohol, and in the College Museum, not the slightest difference can be seen in their structure; and as to size, the largest is not more than sixteen lines in length, and eight in breadth.

Etiology.—Among the causes assigned by the parents and friends, or by the patients themselves, 10 are set down as attributed to scarlatina, 7 to whooping cough, 3 to croup, 18 to hereditary predisposition, as shown in its having occurred in the parents or other members of the family, and the balance are unaccounted for. Many of these patients had a scrofulous look, and some had, at the same time, enlargements of the lymphatic glands of the neck.

Age at which the Enlargement was first noticed. — Generally between the third or fourth and seventh year of life: from which time they gradually increased in size until the tenth or fifteenth year, or until they were removed.

Effects and results when left to themselves.—They gradually diminish in size after the tenth or twelfth year, and finally disappear, or rather, become reduced to their normal size: so that it is extremely rare to see enlarged tonsils after the twentieth year. I have never seen but one after the twenty-seventh year, and this was at the forty-second year, but the enlargement was moderate.

In the mean time, however, or, at least, during all the period of childhood, the patient is liable to frequent attacks of acute tonsilitis, which alone are sometimes sufficient to permanently impair the health; to a serious impediment in speech and hearing, both of which I think may become permanent, but in proof of this supposition I cannot cite any cases; it is certain, however, that it often interferes materially with the education of the child. Such children are almost always dull in their studies, and timid or petulant in their manners and feelings. They are also liable to severe attacks of croup in early life, and later to more chronic bronchial affections.

Local or general Therapeutic treatment.—Of this I have but little right to speak, since I have myself seldom resorted to any other means than extirpation; and I have not, because I have seldom heard of a cure clearly traceable to these measures, but especially because I have found the operation so simple, certain and safe. If any thing can be said in defence of therapeutic means, I would rather leave it to those who have themselves experienced their advantage.

Circumstances contra-indicating an operation.—The operation of excision ought not to be made when the glands are *inflamed*, unless the patient is threatened with suffocation, since the operation is then more difficult, more painful, and is more liable to be followed by fatal inflammation, (I have seen the operation made upon a child, whose tonsils were at the time inflamed, terminate fatally in a few days from inflammation extending to the larynx) but especially because the danger from hemorrhage is then much greater. A friend of mine, a clergyman, applied to me to excise his tonsils, but I declined because they were inflamed. He went next day to New-York city and called immediately upon a famous tonsil cutter, who shaved them off at once, and the wounds bled during three days. The bleeding was finally arrested by the hot iron, but not until life was almost extinct.

They ought not to be excised when no other reason can be assigned than that they are enlarged.

We should prefer not to make the operation, where the patient has a hemorrhagic diathesis.

Circumstances which indicate an operation.—It ought to be made when from their size, the patient is in danger of immediate suffocation, in whatever condition they may be. It ought to be made, having first removed all inflammation, when they produce deafness or impair speech, or occasion frequent attacks of tonsilitis, or occasional attacks of laryngitis, or endanger the development of chronic bronchitis, or of phthisis in persons already predisposed. Or it might be proper where, as in one case, which will be stated hereafter, the glands were affected with an obstinate neuralgic disease.

Age at which the operation can be made, and at which it is usually made.—Three of my operations were made upon children two years old, but at this age owing to the smallness of the mouth, the operation is more difficult. I have made one upon a man aged forty-two, but the large majority have been made between the ages of four and ten years.

Mode of operation.—No one now questions the superiority of excision to the old, tedious and terribly painful process of ligation. The last argument upon which the ligature was sustained, viz:—that the knife was the most dangerous because of the hemorrhage which might follow, has long been given up: for we know that if some little danger does actually exist from the hemorrhage, it is much more than counterbalanced by the danger which attends the inflammation inevitably consequent upon the use of the ligature. I have never used the ligature myself, but I remember to have seen it used when I was an apprentice, and I can assure those who have never witnessed it, that it is one of the most barbarous operations in the surgical catalogue.

The question is now, only as to the *instrument to be used* in excision. The number of instruments invented for this purpose is very great, the majority of which have some real merit, and will answer, for probably every man will first use that instrument to which he is most accustomed, yet if I were to recommend a *young* practitioner to choose, I would unhesitatingly give preference to "Owen's" instrument. This is the instrument which I have always used, and have prefered, notwithstanding I have five or six other well made and ingenious instruments constructed for the same purpose. In it seem to be combined all the excellences, with none of the faults of other tonsil instruments. Let me mention a few of the qualities which the instrument ought to possess.

The handle should be sufficiently large to be felt in the grasp and not too smooth—it should be set firmly on the shaft and at a proper angle, greater than a right angle. The shaft should be seven inches long, and three-fourths of an inch wide, so as to separate the teeth of the patient and protect the fingers of the operator—the tonsil should be seized by forceps attached to the instrument rather than by a pin, since, when the pin is used the tonsil may slip off after the operation, and be swallowed, or fall upon the rima glottidis and produce suffocation; the forceps should be so attached upon a pivot as that the tonsil can be drawn through the ring as much or as little as the operator chooses. Those instruments whose stilets merely transfix the tonsil without drawing it through, often fail of taking a sufficient amount of the gland. The forceps which are moved by the action of a spring, I have seen tear out—it is much better that the hand of the operator alone should control the forceps, and especially because by the hand alone can discretion be exercised to the amount to be removed. The teeth of the forceps, when the forceps are opened, should never encroach upon the inner circle of the ring. The ring or fenestrum which is to receive the tonsil ought to be of moderate size, if large it requires too much breadth at this part of the instrument. The size which will be found adapted to nearly all, if not all tonsils is ten lines in breadth by twelve in length. Into this we can always introduce the gland sufficiently far to seize it with the forceps, and if seized, we shall never fail to be able to draw it through as much as we choose. The edge of the knife or guillotine must be camerated—roof shaped and not rounded, and it must cut by "propulsion," being propelled by the thumb of the hand which holds the instrument. Instruments that cut by "retraction" cannot have properly shaped guillotines, nor can such shaped guillotines be easily sharpened, and they are objectionable also fromthe fact that they require one hand to hold the instrument, while the other retracts the blade and the forceps must be abandoned. Besides this, it will always be found where one hand holds the instrument and the other withdraws the blade, that the two forces acting in opposite directions will not be equal, and the ring is liable to be pulled forward or pushed backwards and to slip from the gland; but when the thumb of the same hand which grasps the handle projects the blade, the antagonist powers are equal, and the instrument remains steady and firm to its place.

These are a few of the principal points in the construction of a *tonsil* instrument, whose value every one who operates much will appreciate, but there are many other little details which go to make *the* perfect instrument, and which require an experienced cutler to properly supply.

If the instrument is not perfect, I would rather use a long pair of forceps and a probe pointed bistoury, yet I object to these generally, because the operation with the bistoury is more difficult, and exposes the mouth and tongue to be badly cut, an accident which can never happen with a well constructed tonsil instrument.—(Owens' instrument may be had at his cutlers shop in Albany.)

The patient being seated before a strong light, the instrument is introduced with its "back" (by the "back" I mean that surface upon which the forceps lie, and by the "face," the opposite surface) applied to the tongue, and its "face" directed to the roof of the mouth; and in this way it is carried *below* the tonsil, and the tonsil is made to drop into it by pressing *from below*—a highly practical point, which constitutes nearly all the art of seizing the gland—the "face" is then turned obliquely upwards and outwards and pressed snugly upon the tonsil, while the forceps is made to seize it, and by steady traction draw it through. If the gland is large, the forceps should be moved laterally and slowly. The thumb now completes the operation by firmly thrusting the knife forwards.

When, owing to the inability or disinclination of the patient to control the tongue, it is so thrust about that the tonsil cannot be kept in view, the forefinger of the hand not employed in holding the instrument may be held in the ring until the tonsil is *felt* to be fairly entered, and then the same hand may be withdrawn to seize the forceps, and the balance of the operation will be completed as before described. So easy is it to adjust the gland and seize it by the sense of feeling alone, that, as my students will remember, I seldom look into the mouth during the operation, and yet, if it is large enough to be seized at all, I never fail to bring it out, and so far as I am myself concerned, I have come to prefer this mode of operating, yet I cannot say that those unaccustomed to the operation would not operate better when the gland is in sight.

Hemorrhage from the wound.—The amount is generally trifling, usually not more than half an ounce—occasionally it is two or three ounces. If it does not cease spontaneously in a minute or two, a gargle of cold water will arrest it in most cases: but if this fail, let the neck be freely exposed, and a neck-cloth filled with snow placed about the neck, and especially opposite the seat of the tonsil. If snow cannot be obtained, pounded ice, or even cold wet cloths will answer. This plan I have never seen fail of arresting the bleeding most promptly, even where the most powerful astringents and caustics had already been resorted to with no effect, or with the effect only of increasing the hemorrhage at each application by disturbing the partially formed coagula. In only three cases of all the number operated upon, has the bleeding been alarming. The two first, a girl and a boy, both a little past the age of puberty, occured, by a singular coincidence, on the same day. I had removed about two thirds of each gland in both patients. One bled until partial syncope occurred, and the other was finally arrested by the snow applied to the neck, and short of syncope. This was my first trial of the snow neck-cloth, and it succeeded after a full trial of a great variety of gargles, &c. The last case was a young lady aged 15, and of a strong hemorrhagic diathesis, of which I knew nothing until after the operation. Nor was I informed of the bleeding, which had only come on after she had reached home, until she was already much exhausted. The snow neckerchief again promptly arrested the bleeding, and it did not return.

From this accident therefore the operator has little to fear; nor need he apprehend more danger when he cuts off two-thirds, or even *the whole* of the gland, than when he merely shaves it or halves it. I have repeatedly, as many witnesses can testify, removed the gland *entire*, and not more than one or two tablespoons ful of blood have followed; while the most alarming bleedings which have occurred were from wounds which left a portion of the glands *in situ*. No good reason then can be assigned why the gland should not be more fairly extirpated than has been usually recommended and practised.

Other accidents.—No other accidents are liable to follow a properly made operation. The inflammation is usually very slight, and seldom requires any treatment. In a week or ten days, the soreness is entirely gone.

Results.—If no good reason can be assigned why the gland should *not* be removed more fairly than is generally recommended, a sufficient reason can be assigned why *it ought* to be. When the whole or two-thirds of the gland is cut away, no more trouble is experienced from this source, but when one-half or one-third is removed, the balance does not generally disappear, and not unfrequently it again enlarges. This remark does not agree with the experience of some surgeons who have written upon this subject, and who, believing that if one-third or one-half is cut away the remainder will soon disappear, do not think it necessary to remove more than half at any time. But I have again and again seen cases in which the operation was thus imperfectly made, return to have them re-excised. Some of these have been my own cases, and in which I predicted at the time that the glands would be very likely to trouble them again. In no case, however, in which two-thirds has been removed, have the patients returned.

Neither the speech nor the hearing are improved until after the lapse of months after the operation is made. I have never known the speech to be *injured* by the operation; the apprehensions which some have felt upon this score do not seem to me to be well founded.

ART. II.—*More suits for Malpractice.*—Dr Hill, of Medina, one of the most respectable surgeons of Western New-York, has lately been tried a second time for alledged malpractice in a case of luxation of radius and ulna backwards, and the jury have a second time disagreed. It is understood that they were equally divided as to conviction or acquittal.

This is a singular case, and more than any thing which has ever come to our knowledge, exhibits the perilous condition of those who practise surgery; and unless some remedy is devised—some protection afforded against unjust prosecutions, all respectable men must be soon driven from the ranks. As the case is to be tried again (so says the plaintiff, but we doubt it) we will simply state, that the plaintiff received a severe injury on the elbow-joint, which was seen by a physician very soon after and dressed. After the lapse of some weeks, Dr. Hill was requested to see it, and, on examination, he, with Dr. Ford, pronounced it an unreduced, backward luxation of radius and ulna. The signs were too manifest to be for a moment mistaken. Drs. Hill and Ford, after advising the plaintiff of the small probability of success, attempted to reduce it, but finally gave over and left the arm as before. Dr. Hill is now charged with having *produced* the very luxation which at present exists, and which he vainly endeavored to reduce!

Now, aside of the almost utter impossibility of making such a luxation by any means when the patient is watching the muscles, and the equal improbability of their *pushing* the bones in such a direction (backwards) as to induce a luxation, when actually *pulling* to reduce them; aside of all this, we say, we know the history and the facts as elicited in the trial, and we do not hesitate to affirm that were the case presented to a jury of 1000 surgeons, or to *any* jury competent to examine such a subject, and *honest* men, the Dr. would receive the prompt acquittal of every man. More than this, we ourselves know these surgeons, who, after a careful exammination, declared it a luxation, and who made the attempt at reduction. Of the reputation of the defendant, we have spoken; and of Dr. Ford we will also say, that, as an anatomist, he has not his peer among us, and we could as soon believe that an Otis or a Lefevre would fail to know whether the tenon of a timber rested in its mortice as that Dr. Ford would fail to recognise an ancient luxation of this character. X. Y. Z.

ART. III.—*On the use of Eupatorium Perfoliatum, Thoroughwort Boneset.* By T. T. Lockwood, M. D.

Eupatorium is a Tonic, Diaphoretic, Expectorant, Emetic, and Aperient. The herb derived its domestic name of boneset from its prompt manner of relieving pains in the limbs and muscular system.

In the following diseases I have found the boneset peculiarly valuable:—Influenza, Catarrh, Bronchitis, Chronic hepatitis, Dyspepsia, Chlorosis, Intermittent Fever, Anorexia consequent on drunkenness, Sub-acute and chronic rheumatic affections.

Influenza.—In this disease we generally have to encounter pain in the fore part of the head, sometimes extending down to the cheek bone, pain in the back and limbs, with feelings of lassitude, and universal prostration, harrassing cough, dyspepsia, pulse feeble and vacillating. One peculiarity of influenza is, that the cutaneous surface generally exhales a morbid perspiration, resulting apparently from a passive state of the skin,

When the attack of influenza is unusually severe, accompanied with a bilious derangement of the stomach and bowels, it is generally best to precede its employment by a mercurial cathartic. The boneset is peculiarly applicable to the treatment of this disease as it occurs in old people.

In the treatment of *Chronic hepatitis* with the thoroughwort, the mode of administering it should be varied. Every third or fourth day, the warm infusion should be given to the extent of inducing slight emesis, and during the intermediate days a moderate use should be made of the cold and warm infusions alternately.

In *Intermittent fever* it will not do to rely upon the Eupatorium alone. My experience in the treatment of the latter complaint with this remedy has been pretty extensive, and I am fully satisfied that it has no specific influence over the paroxysms; and should only be looked upon in the light of an auxiliary.

In Anorexia consequent on drunkeness, the boneset, from its combination of properties, is a useful remedy. It restores the tone and action of the stomach, and acts as a slight stimulant to the biliary organs. In the last complaint, the cold infusion is generally indicated.

It does not seem to increase the force and frequency of the heart and arteries, but holds a middle rank between the relaxing and stimulating diaphoretics.

A small quantity of the cold infusion of boneset can be used in the latter stages ot typhoid or typhus fevers with marked good effect. It preserves the action of the stomach and bowels. Manner of administration.—When we give the boneset with a view to its diaphoretic or emetic effect, the patient, after being covered in bed, should be induced to drink a wine glassfull of the warm infusion every half hour. After the fourth or fifth dose, considerable nausea; with free diaphoresis ensues should vomiting be desired give the patient one or two doses more.

Preparation.—One and a half ounce of the dried leaves in one pint of boiling water.

In most of the diseases in which I have recommended the boneset, blood letting is of little avail. The latter seems to have scarcely any control over bronchitis, influenza or Catarrh. It weakens the patient without making a decided impression upon the disease, and, to say the least, it is of doubtful propriety.

I do not recommend the boneset as a panacea, but consider it a valuable indigenous herb, one that is too much neglected by the regular profession. It should be collected about the tenth of August.

BUFFALO, August, 1847.

ART. IV.—*Letter from a Foreign Correspondent.*—The following letter giving some account of medical matters at Liverpool, England, is furnished by a correspondent who prefers to withhold his signature. The writer is well known by the Editor, and we trust that the account of his observations may possess interest for our readers.—EDITOR BUFFALO MEDICAL JOURNAL.

In Liverpool there are thirteen Medical charities, of which we have visited the Lock Hospital, the Northern Dispensary, North Leeds' Hospital, and the Liverpool Infirmary. This last, the Liverpool Infirmary, near the London road, is the most extensive in the city, having 230 beds. On one of the operating days we were invited by Mr. Bickersteth to attend in the operating theatre. There were about twenty students present, with two of the surgeons to the establishment, viz:—Mr. Bickersteth and Mr. Halton. It is also, I think, the oldest and is tolerably well endowed; but it receives its chief support from an annual subscription made up of amounts varying generally from a few shillings to $40 or $50. The whole amount thus received annually is about $15,000. Three amputations were made for scrofulous enlargements of the knee joint; all of them amputated above the knee, by the circular mode. I am certain that in the Massashusetts Hospital, not one of these limbs would have been condemned. But this is the practice generally adopted in this establishment, to amputate at an early stage of the disease. By this practice they affirm that they save the patient many months or years of suffering, and the disease does not, or *has* not in a single instance developed itself in the lungs or other parts of the body, It is a practice, however, so contrary to the conservative plan of American surgeons, and so contrary to my establish prejudices that you will not, as a matter of course expect me to sanction it. I honestly believe that with the present improved treatment of such cases, by iodine in some of its forms, and *complete rest*, every one of those limbs might have been saved. Yet it is doubtless true, that if the limb cannot be saved, the sooner it is cut off the better; and it never ought to be removed when hectic is fairly established.

So far as the operation is concerned, I have never seen it done better. Two of the amputations were made by Mr. Halton, and one by Mr. Bickersteth.

The Lunatic Asylum, under the care of Mr. Tyrrell, is near the Infirmary, and most beautifully situated. All its arrangements are most perfect and systematic. No coercion is ever used, and a straight jacket was never seen in the establishment. Among many other precautionary measures, we noticed particularly german silver forks; knives with dull edges, except about two inches near the end; strong grates enclosing the fires, and locked up. Mr. Formby is the physician to the Asylum. Mr. F. informs me that the average weekly number of patient is about 60. During the last year 194 have been received, of whom 55 have been cured.

The Lock Hospital, which, with the Asylum and Infirmary, is under the same general board of managers, has now about fifty patients, and has received during the last year over 400, of whom says Dr. Worthington, one of the surgeons, *only one has died.* This is a success which speaks well for the medical attendants, since the mass of the patients are furnished by the trading vessels, and as most of these sailing from Liverpool make long voyages, the patients are often brought in, in a very much diseased condition. The treatment pursued here is eclectic, mercury is employed, but with care and discrimination.

The Liverpool Northern Hospital is badly located, but a new building is soon to be erected on a more healthy site. When we visited it, we found no one but the House Surgeon, Mr. Parker, at home. The institution has three surgeons and two physicians, besides a consulting surgeon. To the office of surgeon no man is eligible, who has not taken his diploma at either the college of surgeons in London, Dublin, Edinburg or Glasgow. The same rule is adopted in nearly all, if not all of the English Hospitals and Dispensaries. I believe all chartered medical charities are required by law to adopt the same rule.

You see that the diplomas of two Scotch schools are received, and but one English and one Irish. Liverpool has a Medical School, with about twenty students, and it can never have many more, notwithstanding the Professors may have equal ability, and the city furnishes equal facilities for instruction, until this law is repealed. It may be well enough, but it is not quite as democratic as the laws at home.

By a similar law, no Physician can hold office in this charity who has not taken his degree in the arts, either at the University of Oxford or Cambridge, of Edinburgh or Glasgow, or of Dublin. Nor can he be elected as Physician, if he practice Surgery, Midwifery or Pharmacy.

The annual income of this charity is about $15,000. The major part of which also is raised by small private subscriptions.

There are also in the city two excellent Dispensaries, the North and South Dispensary, sustained almost entirely by annual donations and subscriptions. I allude to the manner in which these charities are sustained, because it struck me as singular that in a city with a population of nearly or quite 300,000, and in which there is so much wealth, so little permanent provision should be made for the indigent sick. Every city of the ability of Liverpool, ought to provide ample Hospital and Dispensary accommodations for its poor: and especially is this city bound to make such provision, since, according to Mr. Duncans rates of mortality, this is the most unhealthy city in England, and the corporation owns property valued at not less than $15,000,000, which it can expend for any public purpose, and some of which has been appropriated even to the building of churches and *private* burying grounds. When I speak of "private" burying grounds, I refer to the beautiful cemetery of St, James, which was originally a redstone quarry within the limits of the city and on its hightest ground. This place I visited yesterday with J., and I will explain my reference. It is an excavation of a crescentic form, about forty feet deep, and about 100 rods long by 20 rods wide, which was purchased by the corporation, enclosed with an iron fence, and elegantly laid out for the accommodation of the dead. For eighteen guineas you may here purchase a lot of seven feet by three, already excavated and walled up with brick, and in a most respectable neighborhood; but for seventeen guineas more, you may have a residence in one of the catacombs, of which there are many, excavated from the solid rock along the sides of the cemetery, and occupied chiefly by the aristocracy: and if you have money left, you may purchase the right of erecting a marble statue to your memory in the beautiful little stone chapel near the main entrance. But if you have no money you cannot rot here—there are noses near which the scent of such poor clay would offend; or, though your purse be full of gold, if, of the ninety-one christain churches in Liverpool, you have prayed in either of the fifty-nine dissenting churches—if you are a Baptist, or a Presbyterian, or a Methodist, or any thing else than a member of one of the thirty two "established churches," you might jingle your gold against the bars of this enclosure until the resurrection day, and never would its gates be opened for you—yet this cemetery is built and adorned with the public money! By what right are the majority, the most honest as well as the poorest taxed, to furnish sepulture for the minority, the least honest and the richest? Shame upon such a government, where "the church" is the constant offence to the people, and by which even the Hospitals and other public charities are forever defrauded of their just revenues.

The Park, adjoining the cemetery, is a delightful spot for an evenings' walk, but the trees, the benches, and indeed every thing else in Liverpool, is black with soot. The shrubbery in the Park has such a black, gnarled and unhealthy look, that I could scarcely recognize some of our most familiar plants and trees. The air is constantly loaded with coal smoke, and must prove I think as poisonous to human as it evidently does to vegetable life; and to this, quite as much as to the narrow and crowded streets, must be attributed the low rate of life in this city.

I say I have omitted one of the most active causes of mortality in this city—"The Gin Palaces"—or "Hells"—which abound to an almost incredible extent. In several of the principal streets their average number, compared with other buildings, is as one to every three or four, and a considerable proportion of their customers are women. They are frequented all hours of the day, but are *thronged* from seven o'clock to ten or eleven at night. But I must close this very long letter, which has already consumed too much of my valuable ship paper, and too much of your valuable time in the reading.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Code of Medical Ethics adopted by the National Medical Convention.

The Committtee appointed under the sixth resolution adopted by the Convention which assembled in New-York, in May last, to prepare a Code of Medical Ethics for the government of the medical profession of the United States, respectfully submit the following Code.

JOHN BELL,
ISAAC HAYS,
G. EMERSON,
W. W. MORRIS, *Committee.*
T. C. DUNN,
A. CLARK,
R. D. ARNOLD,

PHILADELPHIA, June 5th, 1847.

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS.

§ 1. A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of their office;

NOTE.—Dr. Hays, on presenting this report, stated that justice required some explanatory remarks should accompany it. The members of the Convention, he observed, would not fail to recognize in parts of it, expressions with which they were familiar. On examining a great number of codes of ethics adopted by different societies in the United States, it was found that they were all based on that by Dr. Percival, and that the phrases of this writer were preserved to a considerbale extent, in all of them. Believing that language which has been so often examined and adopted, must possess the greatest of merits for such a document as the present, clearness and precision, and having no ambition for the honors of authorship, the Committee which prepared this code have followed a similar course, and have carefully preserved the words of Percival wherever they convey the precepts it is wished to inculcate. A few of the sections are in the words of the late Dr. Rush, and one or two sentences are from other writers. But in all cases, wherever it was thought that the language could be made more explicit by changing a word, or even a part of a sentence, this has been unhesitatingly done; and thus there are but few sections which have not undergone some modification; while, for the language of many, and for the arrangement of the whole, the Committee must be held exclusively responsible.

reflecting that the ease, the health, and the lives of those committed their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescention* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so, The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requsite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgement and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him.

even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary considerations.

§ 6. Consultations should be promoted in difficult and protracted cases, as they give rise to confidence, energy and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

Art. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made;—to invite laymen to be present at operations,—to boast of cures and remedies,—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

Art. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

Art. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, somtimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interests and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to Consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations, the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalship or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an ermergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinguishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, an occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants,—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

§ 1. Mecicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treasment; to assume no future direction, unless it be expressly desired; and, in this last, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with' which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical.*

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

Art. VII.—*Of pecuniary Acknowledgments.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC.

Art. 1.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations,—the location, arrangement, and dietaries of hospitals, asylums, shools, prisons, and similar institutions,—in relation to the medical police of towns as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases, and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighted coroner's inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they required to make a post-mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

On the effects of Blisters on the Young Subject. By John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of New York.

It has frequently struck me that a treatise, describing with the necessary precision, the peculiarities of the effects of medicinal agents on the young subject, as distinguished from their effects on the adult, has long been needed in our profession. As yet I know of no such work. The systems of Materia Medica, valuable and elaborate as they are, and in which we should naturally look for the requisite information, are confessedly deficient on this subject. The consequence is that the young practitioner who depends upon them, finds himself continually embarrassed in the treatment of the diseases of children, and he is obliged after all, to rely upon the incidental observations gathered from works on general practice, or upon the slow accumulation of his own observations. Even works professedly on the diseases of children, do not supply the want. They indeed specify doses suitable to the age, and now and then give cautions in relation to the use of certain medicines, but they do not enter into the philosophy of the subject as it ought to be engaged upon. It is treated by them more as a matter of enlightened empiricism, than as one founded on sound and rational physiological and pathological principles. In some previous papers, I have endeavored to offer some contributions on this subject, and should they be the means of inducing some experienced hand properly to elaborate it, it appears to me that a greater practical benefit could not be conferred on the profession. On the present occasion, I propose, to make *Blisters* the subject of a few remarks.

The first peculiarity attending the operation of blisters on the young subject is, *that they produce their effects in a shorter time than they do in the adult.* This a fact well known to every practitioner. While in the adult, they do not produce their effects until from eight to twelve or even more hours have elapsed, in the child the same takes place in from two to six hours. In this respect there is a striking difference between blisters and most other remedies. Emetics and cathartics, for example, do not appear to act with any more rapidity on the child than they do on the adult. Now this fact, of the more prompt action of this class of agents, upon the child, although a simple one, is nevertheless one of great importance, and one which should be continually borne in mind. It has a practical bearing, not merely upon the mode of conducting the process of blistering in young subjects, but also upon the use of it in their various diseases.

The second peculiarity is, *that the local inflammation produced by a blister is greater in the young subject than in the adult.* The reason of this is obvious. In infancy, the skin is more delicate in structure, has greater vascularity, and a higher degree of sensibility; all circumstances favoring the development of greater inflammation. The local impression, accordingly, made by a blister, is not merely more rapidly developed in the young subject, but it is also more intense.

The third peculiarity is that in young subjects *blisters are more apt to be followed by the injurious consequences of inflammation, such as ulceration, gangrene, and even death.* Numerous and melancholy instances of this are to be found on record. Dr. Ryan, speaking of the use of blisters in children, says, "I have seen a blister on the chest followed by sloughing, and an aperture form over the epigastrium, which exposed the subjacent viscera."* Dr. Thompson states, that he "has seen gangrene and death follow the application of a blister on an infant."† Dr. North states that he has "twice known infants destroyed in consequence of the sloughing of blisters, the progress of which could not be arrested."‡ Professor Chapman remarks, that in children a blister "sometimes induces gangrene, as I have witnessed in two or three instances."§ My friend Dr. W. C. Roberts informs me, that he has met with two cases in which children sank under the effects of blisters. Numerous other facts of a similar character might be adduced to show the disastrous effects which sometimes result from the application of blisters to children; and to the minds of many physicians it constitutes a serious objection to their use in their diseases. Dr.

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* Manual of Midwifery, &c. By Micheal Ryan, M. D. p. 476.

† Materia Medica. By Anthony Todd Thompson, M. D. Vol. II., p. 535.

‡ Practical Observations on the Convulsions of Infants. By John North, p. 202.

§ Elements of Therapeutics, &c. Vol. II., p. 28

Armstrong says, "I have a great dread of the application of blisters to infants, on account of what is called the local and constitutional irritation."* Now these occurrences may and do take place also in the adult, but they are comparatively rare, and only under very peculiar conditions of the system. In infants on the contrary, they are by no means uncommon. In any child, however healthy, they may occur from the simple cause of their being left on too long. They are more likely to take place however, in certain conditions of the system or of the skin itself. Thus, for example, in cases where a child is greatly emaciated, or the constitution broken down from various causes, the inflammation of a blister is very apt to become unhealthy in its character, and to be followed by injurious consequences. Then again, where the skin itself is in a diseased state, it is much more likely to happen than in the healthy conditions of that surface.

The fourth peculiarity is, *that the constitutional excitement produced by blisters is generally greater in young subjects than in the adult.* That this must necessarily be so obvious. In all cases, the general excitement must be in proportion to the degree of local irritation and the sensibility of the patient's system. If so, the general vascular and nervous excitement produced in the child by a blister, must, as a matter of course, be greater than in the adult. So powerful indeed is the impression thus made sometimes, that convulsions have been produced from this cause. Dr. North says: "I have freequently seen very severe paroxysms (of convulsions) brought on in consequence of their injudicious and unnecessary application."†

From the whole of the foregoing, it is evident that blisters are much more powerful in their agency upon the young subject than upon the adult. They operate with more rapidity—cause a greater degree of local irritation and constitutional excitement—and their operation is frequently followed by consequences which rarely occur in the adult.

If such be the case, it appears to me that some conclusions may be drawn of no inconsiderable practical importance.

1. If blisters are more powerful in their action upon children than adults, then it would seem to follow that they may be rendered more efficient as a means of cure in their diseases. And such appears to me to be really the fact. In all cases, where their revulsive agency is required, and where they are properly applied, it has struck me, that more decided benefit has resulted from their use in children than in adults, and that too, under circumstances as nearly similar as they well could be. Besides acting more powerfully the rapidity of their operation in children, gives them a great advantage in many cases. We all know that one of the great

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* Lectures, p. 362.

† Observations on the Convulsions of Infants. By J. North, p. 209.

objections to a blister in the adult, sometimes at least, is the length of time which it takes to produce its effects. In a child this is in a great measure obviated, we have in a blister not merely a powerful but a comparatively speedy counterirritant. As remedial agents therefore, in the diseases of children, it seems to me that they ought to hold a high rank. I am aware, that by some an opinion, entirely the reverse of this is entertained. Mr. North, in his valuable work on the Convulsions of Infants, that he thinks, that except as stimulants, in depressed states of the system, blisters are altogether objectionable in the diseases of children. As revulsives in cases of local inflammation, he regards them as having gained a character which they do not merit, and that in fact they do more harm than good. On this subject he says, "the period at which we apply blisters in local inflammatory affections is not to be forgotten. We first subdue the severity of the disease by other and appropriate remedies, and when it is upon its decline, when in all probability the unassisted powers of nature would successfully perform the remainder of the task, a blister is applied. The patient gets well, notwithstanding the additional pain thus inflicted; and the fortunate result of the case, which is really to be attributed to the measures previously employed, is said to be owing to the good effects of counterirritation, &c., and the blister gains a character, to which in point of fact it has no claim."* Now all this may no doubt be true in some cases, but that it is so generally, can hardly be admitted. It should be recollected, that in the treatment of local inflammations, blisters are only auxiliary remedies, of themselves, and alone, capable of doing but little, and yet when cooperating with other agents, such as bloodletting &c., exceedingly powerful and valuable. Every one knows that there are periods and conditions in the career of inflammatory complaints, when bleeding and other reducing remedies have been carried to the fullest extent deemed advisable, and yet sufficient disease may remain, if not to destroy life, yet to render convalescence tedious, or to lay the foundation of subsequent chronic disease. This of course it is all important to obviate. Now it is just under this condition of things that blisters come in with great effect, and frequently break up completely the remaining vestiges of disease, and in this way I look upon them as remedies, acting with more power and efficiency in children even than in adults.

2. From the fact of blisters being such powerful agents, and especially from the fact of their being so liable to be followed by dangerous consequences, more caution is required in their use in children than in adults. Important and valuable as they are and may be made, if properly used, their indiscriminate application cannot be too much reprobated. Just in proportion to the good they are capable of accomplishing under proper circumstances, is the

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* Observations on the Convulsions of Infants. By John North, p 205—6.

evil which results from them, if heedlessly or injudiciously resorted to. It is to be feared that this is not always borne in mind as it should be. As a general rule, they should never be resorted to, especially in very young children, unless some decided benefit is anticipated from them.

3. The mode of conducting the process of blistering in a young subject is a matter of great nicety, and should call for the utmost care on the part of the practitioner. As one of the principal causes of gangrene, is the leaving the blister on too long, this is a point which should be specially attended to. To many this may appear a small matter, but it is really one of great moment, and in relation to which I am sorry to say that the directions given in many of our practical works are so discordant, as to be very poor, if any, guides to the young practitioner. By way of illustration, I will quote a few of them. Dr. Armstrong says, "from twelve to sixteen hours is generally sufficient for the application of the blister in adults, and half that period in children."* Dr. Williams says, that "to avoid gangrene in children, it is advisable never to allow the blister to remain on more than six hours."† Dr. Dewees states that "in children, the blister is frequently found to have performed its duty in eight hours, and very often in six. It should therefore, always be examined at these periods, and dressed if sufficiently drawn; if not, it should be suffered to remain until this take place."‡ Evanson and Maunsell say, "in no instance is the blister to be left on more than a few hours (from two to four)—not longer, in fact, than until the skin is reddened, when vesication will follow; but this result should not be waited for, as attendants always will do, unless the most express directions to the contrary be given."§ Neligan directs that "as a general rule, in infants and young children, blisters should only be left on until redness of the surface is produced, when the application of a warm poultice to the part will cause vesication."‖ Ballard and Garrod remark, that in children a blister should not be allowed to remain on longer than to produce redness of the surface; and they add, "in very young infants, it has appeared to us doubtful whether even redness should be permitted to occur before its removal."¶ The foregoing is a sample of the discrepancy of opinion in relation to a most important point of practice, and one confessedly too, not unfrequently involving the life of the young subject, as advanced by authors of the highest respectability, and who may be supposed to exert a wide influence

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* Lectures, &c. By John Armstrong, M. D., p. 302.

† Cyclopædia of Practical Medicine. American Edition. Vol. I., p. 529. Art. Counter-irritation.

‡ Practice of Physic. By Wm. P. Dewees, M. D., p. 28.

§ A Practical Treatise on the Management and Diseases of Children. By R. T. Evanson, M. D., and H. Maunsel, M. D., p. 107.

‖ Medicines, their uses and mode of administration. By J. W. Neligan. M. D., p. 202.

¶ Elements of Materia Medica and Therapeutics. By Ed. Ballard, M. D., and A. B. Garrod, M. D., p. 457.

in guiding the practice of young beginners in our profession. The fact is, and this perhaps may account somewhat for the difference of opinion just noticed, that no positive rule can be laid down in relation to the precise time that a blister should be left on a young child. From the original differences in the sensibility of the skin in children, the period must necessarily vary, and the only safe general rule, is to be governed by the actual effect produced. For this purpose the blistering plaster should be raised at suitable intervals and the state of the skin observed. And the safe plan is, according to the directions of some of the authors quoted above, to remove the blister as soon as the surface appears uniformly red, and then to apply a soft poultice. In most cases this will be followed by suitable vesication, while any injurious consequences will be averted.

It is not my intention in this paper to go into the minutiæ of conducting the process of blistering, but there is one other point which I cannot help noticing, and that is, the practice which is so common with some of covering the blistering plaster with dry fly-powder. Although intended to make the blister more potent, it frequently has a directly contrary effect, from the fact that the blister does not adhere so closely to the skin; over and over again have I seen blisters prepared in this way fail in producing the desired effect, although left on even longer than the usual period. Then again, the dry powder is apt to adhere to the skin after the blister is removed, and in this way strangury is more likely to be produced. In one case, according to Ure, sphacelus has occurred from this cause.* As apothecaries are very apt to prepare blisters in this way, it is important that practitioners should be on their guard to prevent it. With regard to the dressing of a blister, always a matter of importance to the young subject, and frequently so to the adult, I would call the attention of the reader to a mode very recently recommended by Dr. D. Maclagan, of Scotland, which holds out many advantages over the ordinary method. After leaving the blister on for a suitable time, he applies a poultice of bread and milk for two hours. After discharging the serum, a thick layer of soft cotton wadding is applied over the part, with the undressed or wooly surface next the skin. If in the course of a few hours this should become soaked with the serous discharge from the blister, so much of the cotton may be removed as can be done without disturbing the loose epidermis beneath, and the whole again covered with a dry layer of cotton. This is all the dressing which in general is requisite. The cotton is allowed to stick to the skin of the blistered part, and when a fresh layer of epidermis is formed, which takes place very readily, the old epidermis and cotton come off together. leaving a smooth whole surface below.

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* A Practical Compendium of the Materia Medica, &c. By Alexander Ure, M. D. p. 31.

The advantages of the above mode, according to Dr. M., are first, "that it renders the blister much less painful and annoying to the patient than when unguents are used. The tenderness in fact is comparatively so trifling, and the protection by the cotton so good," he says, "that I have been enabled without annoyance to the patient to percuss freely, and apply the stethoscope firmly over the blistered parts, which had been dressed for the first time only an hour or two previously; secondly the blister heals faster under it than under dressings with cerate: for although the cotton may remain adhering for some days, I have generally found, that within twelve hours the patient ceases to feel the blister a source of annoyance. Lastly, it dispenses with the greasy applications so disagreeable to patients of cleanly habits."*

4. To obtain the good and avoid the evils of blisters, it is evident that a nicer discrimination of the conditions of the system is necessary in the use of this class of agents in children than in adults. Long experience has established the fact that it is only under certain states of the system, that blisters can be used with any prospect of advantage. If this be true in the adult, it is doubly so in the young subject, and any mistake in this respect is much more likely to be followed by injurious consequences in the latter than in the former. Now the conditions which influence the effects of these agents, are the state of the skin, and the state of the nervous and vascular systems. With regard to the skin, it may be laid down as a general rule, that when blisters are used as revulsives, the part to which they are applied should be as nearly as possible in a state of perfect health. In this state, the irritation of blistering may be established even in a child with comparative safety. On the contrary, when the skin is in a morbid state, ulceration and gangrene are by no means unusual occurrences. All this is occasionally illustrated in scarlatina and measles. Mr. Pereira mentions that he has seen "two instances of death from the gangrene caused by applying a blister after measles."† My friend Prof. Dunglison, in his valuable work on Materia Medica, states that he has seen "several cases of death manifestly caused by the use of blisters in scarlatina and measles."‡ Other facts of a similar character might be adduced, but the preceding are sufficient to show the tendency which there exists in this state of the skin to take on unhealthy inflammation. And the reason is to be sought for in the changed condition of the skin. During the febrile stage of these diseases the skin is preternaturally injected and excited. As soon as the fever subsides and the eruption recedes, the skin is left in a state of debility—a state in which, as we all know, inflammation is very likely to terminate unfavorably. I hope it may not be inferred from the preceding, that I mean to express the opinion

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* Edinburg Monthly Journal of Medical Science, May 1847, p. 834.

† Materia Medica, Vol. II., p. 775. American Edition.

‡ Vol. II., p. 219.

that blisters ought never to be used in such cases as measles and scarlatina—but the possible occurrence of such consequences ought to make us exceedingly cautious about the manner of using them, and indeed ought to deter us from using them at all, unless under a manifest necessity. In every case, therefore, before applying blisters to young children, the condition of the skin ought to be attended to.

With regard to the state of the system, this is even still more necessary to be inquired into. Indeed this is all important, if we hope to realize any of the expected benefits from these agents. Now there are two states of the system almost equally unpropitious to their use—and these just the reverse of each other. The first is that in which high inflammatory excitement is present. That this is unfavorable to the legitimate operation of a blister as a revulsive, is obvious, if we reflect for a moment upon the effects of this agent. These are, local irritation and general excitement. Now in all cases where an internal inflammation exists, the difficulty of resolving it by any means will be proportioned to the degree of general excitement accompanying it. If a blister be applied where this general excitement is already very great, one of the necessary consequences will be to augment this so greatly as to counteract, in a greater or less degree, according to circumstances. the beneficial effects of the blister as a revulsive. Under this condition of things, the internal inflammation will be aggravated instead of abated, in consequence of the increase of general excitement. Hence the fact has been generally observed, that if blisters are applied in the early periods of inflammatory complaints, or before suitable evacuations have been resorted to, they frequently do more harm than good. They merely add fuel to the fire.

On the other hand, a state of great constitutional exhaustion and emaciation is also unfavorable to their operation. The reason here, however, is entirely different from that in the preceding case. The danger here is that from the impaired state of the vital energies, the local inflammation of the blister may be followed by ulceration, gangrene and death. In the use of blisters, therefore, both these extremes should be carefully avoided. With regard to the condition most propitious to their use, it is that in which the general excitement is rather below than above the natural standard. When this is the case, there is less danger from any increase of excitement, while the system is in the state most favorable to the transfer of irritations from one part to another. Now all this is applicable to the adult, and we can easily see how much more so it must be the case of the irritable and sensitive infant.

5. In the use of blisters in children, especial reference should be had to the peculiarities of their temperament and constitution. This is more important perhaps than it may at first sight appear. Every practitioner must have observed the extreme suffering which adults sometimes undergo from the irritation of blisters. In ner-

vous and irritable habits I have myself seen a state of things thus induced, little short of phrenzy. In children of nervous temperaments all this is much more likely to happen, and accordingly greater caution should be exercised.

If the foregoing conclusions be founded in truth, they would seem at once to expose the impropriety of the practice of resorting to the use of blisters on every trifling occasion, in the management of the diseases of children. There is an opinion prevalent—how it is originated I know not, that blisters are innocent remedies—if they do no good, they can do no harm. Now this is unquestionably a great error, and has been productive of vast mischief. Independently of the unnecessary suffering which they may occasion, they sometimes produce death by the manifest causes of ulceration and gangrene, while in others they insidiously aggravate the disease they were intended to relieve.—*New-York Journal of Medicine, and the Collateral Sciences.*

Case of alledged Mal-practice in Surgery.—A resident of Argyle, Washington County, N. Y., in December, 1844, had his limb caught by a falling tree, so as to produce a comminuted fracture of the tibia, and a simple fracture of the fibula, at a point about midway between the knee and ankle joints. How soon the physician who took charge of it, and against whom legal proceedings were commenced for alleged mal-practice, saw it, after the accident, I did not learn; but was informed by the physician himself, that he reduced the fracture, and dressed the limb with compresses, four splints, and bandage. The two lateral extended from the knee to the foot, and the anterior and posterior were somewhat shorter. That which rested upon the contused soft parts, and the comminuted, or detached fragment of the tibia, was removed the next day, in consequence of the existence of a high degree of inflammation, which it seemed to produce, or at least tended to keep up. The posterior and two lateral splints were used during the whole treatment while under the care of the attending physician, which was twelve weeks, as I was informed.

At the end of this period, the limb appeared to be doing so well, that the patient considered the services of the doctor no longer necessary; who, of course, took his leave of the case, though the patient had on the same splints and dressings which had been used in the treatment of the case, from the second day after the receipt of the injury. I was also informed that the patient, pretty soon after discharging the physician, began to use the limb, and that, in planting time, he was hobbling about in the fields, trying to work. From this time, up to about the middle of August, or perhaps later, nothing definite, either with respect to the condition of the limb, or the use to which the patient subjected it, could be learned. At all events, it was clear that the limb was not gaining strength and usefulness as fast as was desirable, or as is usual; whereupon he submitted it to an examination of three or four of the neighboring physicians, who discovered that the fracture was not consolidated in the tibia. In short, preternatural motion was distinct and quite perceptible. I was also informed (but whether true or not, I cannot say, at least I should hope that no such declaration was made), that one of the physicians who examined the case, remarked, in the presence of the patient, that "the attending physician ought to be ashamed of it, and that he ought to pay him for a year's work."

On the 16th of September, 1845, the patient came to Albany, and put himself under my professional care from that date to the 29th of October. At that time the general shape and condition of the limb was as good as the average of cases in comminuted fracture, with the exception of a yielding of the tibia at the lower point of the detached fragment. In short, there was a tardy and fibrous re-union; nothing, however, like an artificial joint.

I treated the case by blisters, iodine, compression, and firm and unyielding splints. While the patient was under my care, consolidation with bony deposit was evidently, though slowly, taking place, and I had no doubt, when the patient left me, but that, in time, a perfect bony union could be effected. The patient was either unable or unwilling longer to remain under my care.

In the spring of 1846, the doctor was sued for mal-practice; but upon what testimony, or grounds of complaint, the plaintiff or his attorney rested for damages, I have never learned. The cause was to have been tried at the last October circuit court of Washington county; and, on the part of of defence, I was subpœnaed to attend court at that time. It was the week of the commencement of lectures in our College; and as I had just returned from attending court, for nearly a week, at Delaware County, on similar business, I peremptorily refused to obey the summons. The consequence was, that the physician deemed it prudent and expedient to swear the cause off, till the next term, which commenced its session on the 14th ultimo, at which time, on examining the limb of the patient, the bone was found perfectly consolidated, firm and strong, with but little thickening or bulging, at the seat of the fracture, and not more than a finger's breadth shorter then the other limb.

After some of the medical witnesses had expressed a decided opinion to the plaintiff and his counsel, that he could not obtain a verdict against the physician, on the advice of the counsel the suit was discontinued, by agreement that each party should pay their own costs. The defendant was induced to accept such a proposition, even though he was morally certain, that if the cause had been carried to trial, the verdict would have been in his favor, rather than be obliged to pay the whole costs, as he would have been, because the plaintiff was not in possession of a dollar's worth of property, beyond that exempted by statute, The doctor was prepared to show by witnesses and good authority, that the tardy union, in this instance, could be attributed to other causes than ignorance or negligence on his part. One of the best authorities, to which reference was had, was a paper written by Dr. George W. Norris, one of the Surgeons of the Pennsylvania Hospital, and published in the American Journal of Medical Sciences, New Series, Vol. III. Dr. Norris, in the introduction to his article, remarks, "Few subjects in surgery possess so much interest and importance, or have more justly exercised the pens of writers, than injuries to the bones, with their consequences; and yet we find, at this day, many points in relation to them demanding farther investigation. Of this kind is that state of the parts following upon a solution of continuity in the bony structure, termed ununited fracture; the causes, pathology, treatment, &c., of which are all matters upon which indefinite ideas are held by the great mass of the practitioners."

Dr. Norris' paper is concise and clear; and yet sufficiently full, upon all important points, for all practical purposes. Tables of cases of fracture, from quite a number of authorities, and an analysis of them, are furnished, to show that non-union of fractured bones does not often occur; and yet oftener than one would infer, if he were to judge merely from a limited personal observation, or from the reported cases. In relation to this point, Dr. Norris remarks, "In surgery, unhappily, we are all too prone to silence in regard to our unfortunate cases, while it is rare that success after an operation at all out of the common course, is not made known." According to references introduced by Dr. Norris, one authority asserts, that non-union of fractures does not occur oftener than six or eight times in a thousand; and another says that it happens only five or six times in nearly four thousand cases.

I do not pretend that my field and opportunities for observation are anything like those of surgeons who have, for many years, been connected with large hospitals; and yet I think I can recall to mind some ten or twelve cases of fracture, where either a tardy union, or a fibro-ligamentous union, or a false joint, was the result. The first, fracture and non-union of the bones of the fore-arm, came under my observation about thirty years ago, while I was a pupil. The second was a perfectly-formed artificial joint, which existed in the humerus of a man, who had been a soldier in the army of our last war with Great Britain. In the third case, there was fracture of the bones of both legs below the knee. In one, bony union took place readily; but in the other, the tibia remained moveable for many months, and whether it ever became firm and consolidated, I never learned. The fourth case fell under my observation while I was connected with a medical school in Vermont. It was a fracture of the femur, just above the patella, which had been, for many months, treated for a dislocation. An attempt was made to effect bony union by pressure and splints; but whether successful or not, I cannot say. The fifth case happened to a laboring man, "a clay digger," who was caught under a mass of earth, and received a severe contusion of his shoulder, and fracture of the ulna near its middle. The pain and swelling seemed to be altogether confined to the humerus and shoulder-joint. In that situation no discoloration, or fracture, could be detected. In a short time the patient again resumed the use of his spade. After he had been engaged in this way for some time, he complained of weakness of the fore-arm, and on examination, a fracture of the ulna, and non-union, were discovered. Whether any treatment was adopted to effect union, and with what result, I know not. The sixth case was one in which there was a fracture of the radius and ulna in two places—one united, and the other did not. The seventh case might be called one of tardy union of the thigh. At the end of twelve or fourteen weeks, the bone yielded in the seat of the fracture very freely. A starch bandage was applied, and I was informed that a cure was effected. Something over a year since I saw another case of what would be called tardy union of fracture of the tibia. At the end of three or four months no bony callus had formed. In about a year the fracture became firm. In the ninth case there was perfect pseudarthrosis of the femur, within two inches of knee-joint, which had existed two or three years. Without the aid of something to stiffen the limb, the patient was unable to walk.

The tenth case occurred in my own practice, about a year and a half ago. The subject of it, in a drunken frolic, was thrown into deep snow, with one or two persons upon him, by which an oblique fracture of the tibia and fibula was produced. A sharp point of the tibia perforated the skin. The small wound, thus produced, healed by the first intention; though some ten days after, a moderate degree of suppuration took place over the extreme point of the bone; not, however, at the point where the skin was punctured. At the end of two months no bony callus had formed, though the patient had been kept quiet in bed. Blisters, iodine, compression, and firm dressings, constituted the subsequent mode of treatment for five or six months. At this time the patient again returned to his old habit of intoxication; and, of course, took himself out of my hands, with a fibro-ligamentous union of the tibia. I have not seen the patient for the last two or three months, so that I cannot now speak of the present condition of the limb.*

The eleventh case is the subject of this report, whose history and result have already been given.

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*Since the above was written, I met with the patient upon the side walk, with one crutch, which seemed to be quite as necessary to preserve his equilibrium, as respected his body, as to supply the place of a defective limb. However, to show me that he could progress with his organ of locomotion, he lifted it, and hobbled off tolerably well.

Armstrong says, "I have a great dread of the application of blisters to infants, on account of what is called the local and constitutional irritation."[*] Now these occurrences may and do take place also in the adult, but they are comparatively rare, and only under very peculiar conditions of the system. In infants on the contrary, they are by no means uncommon. In any child, however healthy, they may occur from the simple cause of their being left on too long. They are more likely to take place however, in certain conditions of the system or of the skin itself. Thus, for example, in cases where a child is greatly emaciated, or the constitution broken down from various causes, the inflammation of a blister is very apt to become unhealthy in its character, and to be followed by injurious consequences. Then again, where the skin itself is in a diseased state, it is much more likely to happen than in the healthy conditions of that surface.

The fourth peculiarity is, *that the constitutional excitement produced by blisters is generally greater in young subjects than in the adult.* That this must necessarily be so obvious. In all cases, the general excitement must be in proportion to the degree of local irritation and the sensibility of the patient's system. If so, the general vascular and nervous excitement produced in the child by a blister, must, as a matter of course, be greater than in the adult. So powerful indeed is the impression thus made sometimes, that convulsions have been produced from this cause. Dr. North says: "I have freequently seen very severe paroxysms (of convulsions) brought on in consequence of their injudicious and unnecessary application."[†]

From the whole of the foregoing, it is evident that blisters are much more powerful in their agency upon the young subject than upon the adult. They operate with more rapidity—cause a greater degree of local irritation and constitutional excitement—and their operation is frequently followed by consequences which rarely occur in the adult.

If such be the case, it appears to me that some conclusions may be drawn of no inconsiderable practical importance.

1. If blisters are more powerful in their action upon children than adults, then it would seem to follow that they may be rendered more efficient as a means of cure in their diseases. And such appears to me to be really the fact. In all cases, where their revulsive agency is required, and where they are properly applied, it has struck me, that more decided benefit has resulted from their use in children than in adults, and that too, under circumstances as nearly similar as they well could be. Besides acting more powerfully the rapidity of their operation in children, gives them a great advantage in many cases. We all know that one of the great

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[*] Lectures, p. 362.

[†] Observations on the Convulsions of Infants. By J. North, p. 209.

objections to a blister in the adult, sometimes at least, is the length of time which it takes to produce its effects. In a child this is in a great measure obviated, we have in a blister not merely a powerful but a comparatively speedy counterirritant. As remedial agents therefore, in the diseases of children, it seems to me that they ought to hold a high rank. I am aware, that by some an opinion, entirely the reverse of this is entertained. Mr. North, in his valuable work on the Convulsions of Infants, that he thinks, that except as stimulants, in depressed states of the system, blisters are altogether objectionable in the diseases of children. As revulsives in cases of local inflammation, he regards them as having gained a character which they do not merit, and that in fact they do more harm than good. On this subject he says, "the period at which we apply blisters in local inflammatory affections is not to be forgotten. We first subdue the severity of the disease by other and appropriate remedies, and when it is upon its decline, when in all probability the unassisted powers of nature would successfully perform the remainder of the task, a blister is applied. The patient gets well, notwithstanding the additional pain thus inflicted; and the fortunate result of the case, which is really to be attributed to the measures previously employed, is said to be owing to the good effects of counterirritation, &c., and the blister gains a character, to which in point of fact it has no claim."* Now all this may no doubt be true in some cases, but that it is so generally, can hardly be admitted. It should be recollected, that in the treatment of local inflammations, blisters are only auxiliary remedies, of themselves, and alone, capable of doing but little, and yet when cooperating with other agents, such as bloodletting &c., exceedingly powerful and valuable. Every one knows that there are periods and conditions in the career of inflammatory complaints, when bleeding and other reducing remedies have been carried to the fullest extent deemed advisable, and yet sufficient disease may remain, if not to destroy life, yet to render convalescence tedious, or to lay the foundation of subsequent chronic disease. This of course it is all important to obviate. Now it is just under this condition of things that blisters come in with great effect, and frequently break up completely the remaining vestiges of disease, and in this way I look upon them as remedies, acting with more power and efficiency in children even than in adults.

2. From the fact of blisters being such powerful agents, and especially from the fact of their being so liable to be followed by dangerous consequences, more caution is required in their use in children than in adults. Important and valuable as they are and may be made, if properly used, their indiscriminate application cannot be too much reprobated. Just in proportion to the good they are capable of accomplishing under proper circumstances, is the

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* Observations on the Convulsions of Infants. By John North, p 205—6.

doubtless filthy apartments, with a meagre allowance of food and water. It is not surprising that, under such circumstances, a malignant form of fever should have been generated.

There is a diversity of opinion among the learned doctors here, relative to the nature of this fever, and to the question, whether it be contagious or not;* some have pronounced it to be a bad form of typhoid fever. Most, I believe, entertain fears that it is propagable by contagion. As I design to be very brief, I will not stop to discuss these points, but will proceed to state such facts as have come under my observation, from which I think the following deductions may be fairly made:—First, that it is as genuine typhus fever as ever prevailed in any country; and secondly, that with proper attention to cleanliness and ventilation, no fears need be felt on the score of contagion.

The following symptoms, in a greater or less degree, marked all of the fully developed cases:—

Great prostration of strength; coolness of the extremities; flushed and rather livid cheek; small, weak, and frequent pulse; dryness and harshness of skin, at first, followed by cold and clammy sweat; tongue dry, red on edges, and brown or black, and cracked on the upper surface; dark incrustation of the teeth; insatiate thirst; excessive irritability of stomach; frequent serous, mucous or bloody discharges from the bowels; abdominal tenderness. In the worst cases, tympanitis, and constant singultus; more or less stupor, in many delirium; eyes dull, heavy, and suffused; in some cases, signs and symptoms of bronchitis and pneumonia; peculiar exanthema over the whole body in almost all; and, in one instance, well defined purpura hemorrhagica.

Treatment.—In the first instance, all the patients were put into a tepid bath, after which, in all the milder cases, in which the brain was not seriously implicated, I prescribed the following R.:—Hydrarg. prot. chlorid., grs. x; opii, grs. iv; ft. pil. iii, to be taken at once. In ten or fifteen hours after the above, I invariably ordered the following R.:—Mass. hydrarg. sulph. quinæ *aa* grs. xxx; sulph. morph., gr. i; ft. pil. xvi; two to be given every three hours. When the stomach was very irritable, or if there was abdominal tenderness, a blister of large size was applied over the epigastrium, or over the whole abdomen. If the skin was dry and harsh, a dessert-spoonful of spirit mindereri was given every hour or two, and mucilaginous drinks, as gum Arabic water, or flaxseed tea, were freely allowed. In some instances, the pills of calomel and opium were administered twice or three times, at intervals of twenty-four hours. In all the combination of quinine, blue pill and morphia was continued until convalescence was decided, then the solution of quinine with morphia, or quinine with Dover's powder, was administered, to prevent relapse.

In the second grade of the disease, in which the mucous membrane of the stomach and bowels appeared to be chiefly involved, the brain sympathizing in a greater or less degree, we prescribed calomel and opium, as above, and repeated and followed it with the pills of quinine, blue mass and morphia, or the following R. :—Hydrarg. prot. chlor., sulph. quinæ, *aa* grs. xx ; pulv. Doveri, grs. xxx ; ft. pulv. vi ; one to be given every three hours ; applied a large blister over the abdomen, and allowed the free use of mucilaginous drinks. When the alvine discharges were bloody, we prescribed as follows :—R. Hydrarg. prot. chlorid., acet. plumb., *aa* grs. xx ; opii. grs. x ; ft. pulv. vi ; one to be given every three hours. As soon as the bloody discharges ceased, we ordered the pills of blue mass, quinine and morphia, or the following :—R. Hydrarg. prot. chlorid., sulph. quinæ, camphor, *aa* grs. xx ; pulv. Doveri, 1 drachm ; ft. pulv. vi ; one to be given every three or four hours. When convalescence was decided, we prescribed the following :—R. Sulph. quinæ, grs. xxx ; sulph. ferri, 1 drachm ; aq. oz. iv ; ft. sol. A dessert-spoonful ter die. When tympanitis or singultus existed, we prescribed the following R. :—Tinct. assafœtid., spirit terebinth, *aa* 1 oz ; tinct. opii acet., 2 drachms ; m., a dessert-spoonful to be given every three or four hours. In some of the cases, the bowels could not be controlled by any of the above means, the patient being greatly prostrated by frequent discharges ; under these circumstances, we gave the following mixture :—R. Hydrarg. c. creta, 2 drachms ; acet. plumb., grs. xxx ; gum Arabic, ½ oz ; tinct. kino, 1 oz., tinct. opii acet., 2 drachms ; aq. oz. iv ; m. ; a dessert-spoonful to be given every three or four hours. In one case, after all the means detailed proved unavailing, we succeeded with the following R. :—Argent. nit., opii, *aa* grs. x ; ft. pil. x ; one to be given every four hours.

When decided symptoms of bronchitis or pneumonia existed, in addition to the general treatment already detailed, we ordered the chest to be cupped, applied a blister, or croton oil, and administered the following R. :—Carb. ammon., ext. hyosciam, *aa* grs. xx ; antim. tart., grs. ii ; gum Arabic, ½ oz ; mist. camph., oz. iv ; m. ; a dessert-spoonful to be given every two or three hours.

In those cases in which the brain appeared to be seriously implicated, indicated by stupor or delirium, we ordered blood to be taken, by cups, from the nucha, and applied a blister, 3 by 6 inches, to the upper portion of the spine, and administered calomel and opium, as already prescribed, and followed it with the pills of blue mass, quinine and morphia, together with such other means as were indicated, on account of pulmonic or abdominal complications.

So great was the tendency to collapse, in most of the cases, from the time of admission, that we deemed it proper to allow the free use of toddy, burnt brandy, or milk dashed with brandy.

I am aware that the above treatment (I refer particularly to the large doses of opium and the use of quinine,) is totally opposed to the very best authorities in Europe and America, but it must be conceded that the results of my practice contradict all authority upon this subject, when I candidly assert that all of the milder cases rapidly recovered, and that of about fifty cases, all fully developed, and most of them of a malignant grade, only six have died, of whom three were so low at the time of admission, that but little hope was entertained of their recovery, under any treatment. Those now remaining in the Hospital are all decidedly convalescent.

I do not doubt but that my views of treatment will be condemned by many who may read this *hastily* written sketch, and especially by the older members of the profession, most of whom are averse to leaving the old beaten track that has been trod for centuries by our illustrious predecessors; but I indulge the hope that the above practical observations may excite a spirit of inquiry in the minds of unprejudiced young men, which may eventually convince them of the *invaluable truth*, that, except under circumstances of cerebral inflammation, in which depletion, purgatives, revulsives, &c., should be unquestionably premised, full doses of opium and quinine, *judiciously used*, are the most certain and efficient weapons of defence against essential fever, the deadliest enemy to man, under whatever garb it may be presented.

In conclusion, I would remark that, among the numerous patients in the Hospital, at the time of admission, of the cases of ship fever, and who have been not only in the same wards, but in contiguous beds with the fever patients, not one has contracted the disease.—*Missouri Medical and Surgical Journal*.

On the Use of Opium in Inflammation. By W. H. Ranking, M. D., late Physician to the Suffolk General Hospital. The legitimate sphere of action of *opium*, in the treatment of inflammatory diseases is, we conceive, a point upon which our notions have arrived at tolerable precision. Under whatever modifications of individual circumstances attending such diseases the beneficial action of opium is observed, one well-marked morbid condition has, according to my observation, existed in every case, and that is an excitement of the nervous system, altogether disproportionate to the exaggeration of vascular action. This excitement is not shown in the existence of spontaneous pain alone, as we know that that symptom may be insignificant, or altogether absent, in instances of the most extensive and destructive inflammation; neither is it shown mainly by increased sensibility to local impressions. The excitement to which I allude, exhibits in disorders of the sensory and motor functions of the nervous system chiefly, and consists in watchfulness, or transient delirium, irregular respiration, and especially in restlessness and jactitation. In this condition of things, whatever be the violence of the local inflammation, or whatever organ be affected (excepting the brain in some instances,) opium is imperatively called for. In other words, whenever, during the existence of inflammation, symptoms indicative of a loss of balance between the nervous and vascular systems exhibit themselves, sedative medicines are demanded in doses proportionate to the nervous preponderance.

This want of balance declares itself, I believe, chiefly under two conditions—1st, the existence of inflammation in a constitution naturally excitable, or in which the general powers have been reduced by the disease itself, by treatment, or by contingent circumstances relating to food, air, &c.; and, 2d, in inflammation of organs or tissues, the implication of which, induces a state of things more or less approaching to that condition which, for want of a better term, we are in the habit of calling *shock*. In illustration of the first division, we may mention inflammation occurring in the hysterical constitution. In these cases, the phenomena which depend upon irritation of the nervous centres, take so decided a lead in the symptomatology of the case, that until they are controlled by opium, or some, under certain circumstances, more appropriate sedative, the inflammatory symptoms proper do not display themselves with their characteristic features. Again, inflammation may attack an ill-fed or previously debilitated individual; or the inflammation may have been too actively combated by bloodletting, mercury, &c., without reference to the deficient resiliency of constitution, which, in children, more particularly, may lurk behind an appearance ostensibly robust. In these cases there may exist from the first, or there comes on assuredly at no distant period, a condition in which opium becomes necessary to save life, to prevent, in fact, in the latter case, the anomaly of the patient "dying cured."

Under the second class of cases in which opium becomes a necessary part of the treatment, or is even mainly to be relied on, is inflammation of an organ or tissue largely supplied with ganglionic nerves, and in which, for this reason, the nervous system requires a large share of attention in the treatment of the case. Such is peritonitis or enteritis, either idiopathic or secondary; such are, also, one form of delirium tremens, diffuse cellular inflammation, and more particularly, phlebitis, the inner membrane of veins having the closest analogy to serous membrane in many respects, but especially in its large supply of organic nerves. In all these inflammations, the usual battery of antiphlogistics is worse than useless, unless combined with the liberal exhibition of opium.

The symptoms either existing *ab initio*, or, as is more commonly the case, coming on in the course of the disease, which indicate the necessity for opium, can only become familiar to the practitioner by clinical observation; but as far as written descriptions can be relied upon, it may be stated, that the broad expression of this condition consists in a failure in the power or regularity of the pulse, pallor of the countenance, moist skin, (but not in all cases,) tendency to incoherence, with restlessness, sleeplessness, and, in an aggravated form, jactitation. This is the broad outline, so to speak, of the state referred to, but it declares itself in minor degrees, with which experience alone can render us familiar, and the appreciation of which is in itself sufficient, in many cases, to make the difference between a successful and an unsuccessful practitioner; for to persevere in antiphlogistic treatment, or to withhold opium, when these indications offer themselves, is to destroy the patient.

In the exhibition of opium when these symptoms show themselves in inflammation, I know of no drawback,—no contraindication which should weigh for one moment against its paramount necessity. Be the skin sweating or dry, the tongue moist or dry, the bowels constipated or not, opium must be given. The constipated bowels, which are regarded by some as inducing the necessity for hesitation in the use of the medicine, I look upon as of the least importance in the generality of inflammations; in some, as in enteritis, a quiescent state of the bowels is even needful; and were it not so, the probability is, that if the case has been properly managed at first, such a clearance will have been effected as will render any risk from accumulation comparatively small.

[On the same subject Dr. Durrant observes:]

"The treatment of internal inflammation by opium," is an important practical subject, and one which I trust that we shall sooner or later see discussed in the pages of the *Provincial Journal*, by not a few only of its many talented contributors. Without entering upon the theory of the action which opium exerts upon healthy and diseased organs, I can most fully assent to the opinions which have been recently expressed by Drs. Chambers and Ranking, in reference to its utility in the treatment of many cases of acute internal inflammation. The power of allaying pain, subduing nervous excitability, and thereby reducing the irritability of the heart's action, peculiarly belongs to this drug; and however difficult or impossible it may be to instance, by writing, those particular conditions in which its adoption is so generally followed by benefit; still, how vividly will the reflecting physician, unshackled by hypothetical notions, revert to the satisfactory results which in his hands have attended its use.

In the selection of the cases most requiring the opium treatment, as also the precise period at which this medicine is called for, (and this is all important,) medical tact and observant experience can alone direct. A volume upon the subject would, in many instances, utterly fail to indicate the peculiar circumstances requiring opium, but in which to give it is recovery to the patient,—to withhold it is probable destruction; and who cannot call to mind the look of gratitude beaming in the countenance of the sufferer relieved, if not rendered out of danger, by the timely and judicious exhibition of this valuable drug? Independently of those diseases in the treatment of which opium is commonly prescribed, as delirium tremens, and some other nervous affections, there exist others, in which at one period or other of their course, the exhibition of opiates is attended with the happiest results.

In the second stage of pneumonia, if the congh be constant and harrassing, the expectoration scanty, and the countenance anxious, with an exalted state of nervous sensibility, full doses of opium at bedtime often act like a charm. In pleurisy, prior to effusion, the same medicine administered at night, giving mercury *per se* during the day, is equally valuable. If effusion obtain, the balance of the circulation is often so much interfered with, that the propriety of opium, in these cases, becomes questionable. In rheumatism the best effects result from opiates; but in this disease, as in pleurisy, I believe that more benefit will be derived from administering opium in full doses at night, with mercury during the day, instead of the more common practice of combining the the two remedies. In croup, also, in lymphatic children, after the urgency of the symptoms has abated, opium to prevent spasm is often imperatively called for. In peritonitis, enteritis, diarrhœa, and dysentery, opium judiciously used is invaluable.

The forms which I myself prefer are the crude opium and the muriate of morphia.

In reference to the constipating effects of this drug upon the bowels, I do not regard it as any reason for withholding its use. In enteritis and peritonitis, it becomes often of paramount importance, while allaying pain, to insure quietude in the intestinal tract; and not unfrequently shall we find obstinate constipation attended with, and perhaps produced by, spasm, effectually relieved by the free administration of opium. Within the last few weeks, I have witnessed the most decidedly beneficial result obtain from the exhibition of opium, in strangulated irreducible hernia, for the relief of which neither the patient (a female, aged 64) nor her friends would sanction an operation. After all other measures had been adopted by the surgeon in attendance, without avail, and repeated stercoraceous vomiting taking place, a grain of solid opium was administered every two hours, with the effect of not only allaying the vomiting, but also (after half a drachm had been taken) of inducing free and repeated evacuation of the bowels, which function had not previously been performed for fourteen days. The patient, although relieved from the consequences of the hernia, ultimately sank from exhaustion, the friends pertinaciously refusing a *post-mortem* examination.

In thus briefly advocating the powers of opium in the treatment of internal inflammation, I must again repeat, that it is clinical observation alone that will suffice to demonstrate, in many instances, the particular time and circumstances by which its exhibition must be regulated. When calculated to benefit, the relief which it affords is often immense, while, on the contrary, if given under disadvantageous conditions, its injurious effects may be irreparable. —*Ranking's Abstract.*

On the Semiology of the Tongue, By Dr. WRIGHT, Birmingham. Dr. Wright observes, that whilst some are disposed, in a prodigality of prejudice, to look upon the tongue as pathognomonic of nearly all the "ills that flesh is heir to," others makes comparatively light of it, and consider its testimony as little trustworthy. To be amongst the best judges on the subject, is to belong to neither of these parties. As a rule, the tongue is a very faithful indication of the condition of the alimentary organs; but its evidences are not unexceptionable. A furred tongue, for instance, is a common indication of dyspepsia, but it is not a constant one. We sometimes meet with irritable nervous subjects, whose tongues are habitually furred, yet without any signs or symptoms whatever of gastric derangement. Others, again, wiil have clean tongues, and of natural redness, whilst they are suffering from severe stomach disorder. Various circumstances exert a remarkable influence upon this organ. Some people, otherwise healthy, get a furred clammy tongue if their stomachs are empty a little longer than usual. Others have their tongues furred always when their stomachs are full; the coating continues only during congestion, and passes off as this function ceases. Mental and moral emotions affect the condition of the tongue in a singular manner; perhaps it never becomes morbid without the nervous function, in its higher offices, being somewhat implicated. This would explain why a furred tongue is rarely met with in the inferior animals. It may happen, and I think not unlikely, that in dyspepsia, the disorder the brain suffers, sympathetically with the stomach, has as much share as this organ itself in giving the tongue its characteristic coating. Certain it is, as I have said, that the feelings of the mind will, in a very few minutes, render a clean tongue a foul one. This is a subject which I have been induced curiously to inquire into for some years past, and I have seldom met with an exception to what I have just observed. Among the profoundedly studious, amongst those terrified by sudden apprehensions, or shocked by the sudden advent of ill news, amongst the hypochondriacal, hysterical gloomy, and desponding, you will find many examples of the mind's influence, in this particular, upon the body. A patient of mine, living near this town, will well illustrate what I say. He is a man of remarkable good constitution, and moulded like a miniature Hercules. Moreover, he has no incumbrances; and excellent mercantile business, that takes up little of his time, is partial employment for him, leaving him many leisure hours in every day that he has some difficulty in disposing of. These he chiefly occupies in fancying himself the victim of all possible kinds of ailment. There is no disease in the nosology too much for his imagination. Of course, these things are all imaginary, and tiresome enough to listen to, when your judgment and sense of justice tell you that it is not a case for "physic and a physician." You will anticipate my saying that this gentleman is possessed of a most unfortunate nervous sensibility, which chiefly manifests itself in an ideal pathology, all reflected upon his own person. The peculiarity in point, however, which I chiefly wish to speak of, refers to his tongue. I had never seen him with this organ quite clean (although I have not once attended him for dyspepsia), yet the readiness with which it acquires a fur is very remarkable. Many times have I examined his tongue, and found is comparatively what it ought to be, before hearing a recital of his imaginary maladies; and after this, in some quarter or half an hour's detail, that same tongue has put on an aspect almost like that of flannel. I am at this time attending with Mr. Carter, a patient, one amongst the pitiable many who have seen better days. I shall take occasion hereafter to give you his case in due detail, but, for the present, I may observe that his tongue has the peculiarity characteristic of the one just spoken of. I should premise however, that there is a fancied trouble in the one instance, and a matter-of-fact one in the other. Four days ago in calling upon the gentleman I am now alluding to, one of the first things I did was to look at his to tongue. I found it has usual, very pale, flabby, and moist, but without any coating. After having made other necessary inquiries, I was informed by my patient that his heart, which has long been disturbed by mental emotion, the other night beat with unusual vehemence and irregularity. On my asking if he could accouat for it, he told me that he had just then received the distressing intelligence that an uncle, from whom he expected a competency, had not left him a shilling! This pitiable tale, told with much earnestness and visible feeling, occupied little more than twenty minutes; at the end of that time I again looked at his tongue, and *found it coated with a thick white fur!*

I mention these things, thus generally, to you, not only as items in pathology with which you ought to be made familiar, but also as suggestive of a discreet rule of practice, viz., to let the examination of a patient's tongue be *one of your first duties at his bedside.* My own experience, perhaps not inconsiderable on this point, enables me to say that in nine cases out of ten, and more especially among females, the tongue will be found, on first entering the room, in a very different state to what it is after half an hour's questioning and manipulation.—*Ibid.*

Distortions of the Spinal Column.—A work by Mr. James Coles on this subject was published about two years since, and although the principle of treatment inculcated has been for some time before the profession, and has not been generally adopted, its advantages are insisted upon anew, and ably supported by facts and reasoning, and the interests of our readers, we think, will be consulted by making it a subject for this Report. Mr. Coles strongly insists that the cause of spinal curvature, as a primary disease, is constitutional debility, most frequently, if not always, of strumous origin, and that local debility is but a secondary cause. He denies that local influences can cause the disease when constitutional predisposition does not exist, and accordingly he attributes much less influence to stays, improper attitudes, want of exercise, schools, dress, and the habits of society, than do other surgeons; believing that, at most, they can only produce secondary effects. Attention is, however, drawn to the important distinction between primary and secondary distortion of the spinal column, the latter being produced by the local causes above referred to, and great mischief having arisen in practice from a want of this discrimination, inasmuch as the constitutional disease has been frequently aggravated by remedial measures applicable only to that which has a local origin.

All the cases of spinal distortion are referred to four varieties, the lateral, the anterior and the posterior curvatures, and the angular projection; and the circumstances which more especially facilitate the progress of the disease are two, the superincumbent weight of the body on the spine, and the fatigue and exhaustion occasioned by maintaing an erect position. The indications of treatment are three: 1st. To relieve the distorted spine of its superincumbent weight. 2d. To remove local active disease or local debility. 3d. To restore the general health.

Mr. Coles demonstrates the impracticability of fulfilling the first indication by any artificial contrivance whilst the body is in an erect position; it can only be effected by the recumbent position. This position may be supine, prone, or on either side, but there are insuperable objections to this supine and lateral positions. The inclined plane, so much adopted of late years, the patient lying on the back, is erroneous in principle as a remedy, and is attended with innumerable evils. The "facial-horizontal position," on a soft medium, as a feather-bed, appears to have been first recommended in a published essay by Mr. Bampfield, but the position had been previously adopted in practice by the late Dr. Verral, who invented the 'prone couch." This couch, in its simplest form, consists of a board having an angle corresponding with the bend of the hips; it is placed on a sofa. It must be carefully fitted to the patient's size, and admit of easy variations in its angles.

The objections to the supine position are manifold and serious: 1. The injurious effects of pressure, not only upon the integuments covering the sacrum, trochanters, and other projecting bones, but also upon the bones themselves. The continued pressure upon the muscles also cannot fail to interfere very seriously with their restoration to health and power; nay, it may even lead to a very considerable absorption of their substance, and, as the flexors of the body are naturally more powerful than the extensors, much mischief may be caused by the slightest lesion of this sort; a confirmed stoop is a very frequent result of the prolonged use of the reclining-board. 2. The continued pressure of the thoracic vicera upon the spinal and sympathetic nerves, and upon the great blood-vessels that lie upon the anterior surface of the vertebral column, can scarcely fail to produce a certain amount of disturbance in the functions of innervation and circulation. Hence, probably, the headache, difficulty of breathing, palpitations of the heart, indigestion, obstinate constipation, weakness of the bladder, hemorrhoids, varicose state of the veins, and œdema of the legs, &c., which are not unfrequently observed in patients who have been long confined to the horizontal supine position. Besides these and similar ailments, such invalids often experience a marked impairment of vision, in consequence of the manner in which the rays of light fall upon the eye, and of their reflection from the white ceiling of the room, upon which the eye must necessarily rest during the greatest part of the time spent upon the plane.

The main object of Mr. Coles' work is to illustrate and establish the fficacy of the prone position. Its advantages are, that the muscles of the spine are not obstructed in their action, nor is their structure absorbed by pressure; that all the injurious effects produced by internal pressure of the viscera on the diseased spine and the adjacent *parts* are avoided; that excoriations and sloughings do not occur; the anterior surface of the body, from its yielding nature, bearing the weight of the frame without injury or inconvenience; *that* there is easy access to the diseased parts, and local remedies for active disease or local debility can be applied; that patients can maintain this position by night and by day with comfort to the feelings, improved appetite, and regularity of bowels; that whilst the patient resposes upon the horizontal or slightly sloping portion of the plane, which extends from the point of the shoulder to the bend of the hips, the lower extremities are bent at an angle more or less acute, according to the nature of the case; and by being thus suspended upon the sloping position of the couch, are made to keep up a steady and constant *extension* by their weight upon the distorted or diseased parts; the effect of this gentle and continued extension materially assisting in straightening the back, aud where caries of the bones and ulceration of the cartilages exist, separating the diseased surfaces and counteracting the pressure, which even the contraction of the muscles occasions and renders injurious. The position thus removes a principal cause of the absorption of bone, inflammatory action, increase of deformity, paralysis, and other symptoms. In a quotation from Mr. Liston, it is remarked that the prone position may be most favorable in certain diseases, by taking the pressure off the diseased parts, by preventing the carious bodies of the vertebræ from falling in upon one another, and by assisting the return of the blood from the numerous veins contained in the bodies of the vertebræ and in the spinal canal.

Mr. Coles admits the propriety of the usual mode of practice in lateral curvature, so long as it is *secondary* in its nature, by which he means dependent upon local causes, but the moment marked symptoms of constitutional debility become apparent, which, in nine cases out of ten, is antecedent to or coeval with the first signs of distortion, all the exercises generally employed to produce muscular strength are injurious, and the prone position should be immediately adopted.

The prone position, according to Mr. Coles, is applicable to confirmed cases of lateral curvature, and most essential when inflammation or disease of the bone exists; to both mild and severe cases of posterior projection; to injuries of the spine and paralysis of the lower extremities, whether caused by accident or otherwise; to all cases of psoas abscess, both in the early stages and when matter is pointing, or has made its way anteriorly; to the incipient stage of disease of the vertebral column; and to inflammation and injuries of the spinal marrow, and of its investing membranes; to deformities of the chest, and to disease of the hip-joint. Mr. Coles states that in many of these cases, otherwise incurable, the prone position will enable us to affect a cure, and that when a cure is impossible, it affords certain relief and a great chance of improvement.

For the lateral depression of the chest and prominent sternum, Dupuytren had recommended frequent pressure upon the sternum. Mr. Coles recommends the prone couch and the pressure which results from the weight of the chest upon the mattress, which can be increased, diminished, or removed, by altering the angle at which the body rests, and by rendering the material of the mattress either hard or soft. Pressure thus produced does not interfere with the elasticity of the chest, and may be sustained for a long time without inconvenience.

To produce extension without the aid of merely mechanical means, which Mr. Coles condemns, a special contrivance is had recourse to, and when the curve is situated high up in the vertebral column, or in the neck, extension may be effected by the use of a head-swing. This modified extension, combined with the relaxation of all the parts having any influence upon the hip-joint, tends to separate the diseased surfaces in hip-joint disease, and renders the prone position, in Mr. Coles' estimation, almost a specific in its treatment. Thus the prone position for the purpose, with other indications, of taking off the superincumbent weight of the head and of the viscera, according to Mr. Coles, should be our first principle of treatment in spinal affections; but where there is local disease present or suspected, he resorts to the measures recommended by other surgeons, sometimes employing counter-irritation, issues, blisters, and especially local applications of iodine, and in the main preferring mild to severe measures. For the constitutional debility he recommends great attention to the digestive organs and the secretions, a generous diet, with the moderate use of porter rather than of wine, iodine and steel, as exercising the most direct medicinal influence, and he attaches much importance on administering the latter in small but repeated doses.

For the purpose of rectifying the deviation when no pain or tenderness is present, he employs stretching by the muscular efforts of the patient, repeated about every second day; manipulation and pressure, which should be directed upon correct anatomical and physiological principles; friction, which is a most important means of stimulating the activity of venous circulation, and of promoting absorption; and local muscular exercise, which excites the arterial circulation, propels blood to the parts, and, promoting deposition, increases the power and activity of the muscles. These measures may be made to produce the best effects, but if injudiciously employed, are calculated to do the greatest possible mischief.

The following illustrative cases are condensed from Mr. Coles' essay :—

A boy, twelve years of age, affected with a posterior projection, the disease affecting several of the lower dorsal and lumbar vertebræ, was greatly improved by maintaining the prone position for five months, and perfectly restored at the end of seven months. A boy, three years and a half old, with a posterior projection, including only three bones, the middle one evidently diseased, was completely cured by remaining on the prone couch eight months. A boy, seven years and a half old, of an intensely scrofulous habit, with very considerable angular projection, including eight dorsal vertebræ, and terminating in a sharp point, over which the skin was stretched, pale, and shining, having been placed under treatment for twelve months, during which there was every symptom of caries of the vertebræ, the prone position being steadily maintained, on his discharge was able to walk upright, was in good general health, the projection of the spine much reduced, and the carious state cured ; the only remaining deformity being the result of anchylosis of the diseased bones. A boy, twelve years of age, with a considerable posterior projection, of an angular kind, in the neck and upper dorsal vertebræ, the ribs on each side flattened, the lower end of the sternum projected outwards, suffering also from dyspnœa and violent palpitation and cough, the body greatly emaciated, the lower limbs completely paralysed, and all control over the evacuations lost, experienced immediate relief from being placed on a prone couch ; and having been kept in that position for eighteen or twenty months, with the aid of constitutional and local treatment for various symptoms which presented themselves, sensation and the power of motion gradually returned in the limbs, with the natural command over the bowels and bladder ; pain and heat in the spinal column subsided, and the projection diminished ; the deformity of the chest also subsided, and with it the pectoral and cardiac symptoms; the boy was ultimately entirely cured, with very little deformity remaining to indicate the original seat of the disease. A young lady, with a very considerable lateral curvature, and a counter curve in the loins, placed on the "prone couch," both by night and by day, uniformly and rapidly improved, and was ultimately quite cured. A policeman, from an injury received on duty, had paralysis of the side, and the spine in the lumbar region projected, and presented an angular appearance, with great pain on pressure and motion, and paralysis of the bladder; this case was completely cured. Other cases of a most unpromising character are recited, in which success was complete; and Mr. Coles most strongly insists that the prone position is also applicable with the greatest possible advantages to the treatment of hip-joint disease.—*Report on Surgery by Henry Ancell, Esq.—Ibid.*

Alum in Pertussis.—[Dr. Davies thus speaks of the employment of alum in pertussis.] "After a long trial, I am disposed to attach more importance to alum as a remedy in hooping-cough, than to any other form of tonic or antispasmodic. I have often been surprised at the speed with which it arrests the severe spasmodic fits of coughing; it seems equally applicable to all ages, and almost all conditions of the patient. I was formerly in the habit of taking much pains to select a certain period of the illness for its administration, and of waiting until the cough had existed at least three weeks, taking care that the bowels were open, the patient free from fever, the air-passages perfectly moist, and the disorder free from complication of any bruit. A continued observation of the remedy, however, has induced me to be less cautious, and I am disposed to think that a very large amount of collateral annoyances will subside under its use. The fittest state for its administration will be a moist condition of the air-passages, and freedom from congestion, but an opposite condition would not preclude its use, should this state not have yielded to other remedies. It generally keeps the bowels in proper order, no aperient being required during its use. The dose for an infant is two grains daily; and to older children, four, five, and up to ten or twelve grains may be given, mixed with syrupus rhœados and water. It is seldom disliked."—*Underwood's Diseases of Infants.*

EDITORIAL DEPARTMENT.

Medical Ethics.—We present to our readers in the eclectic department of this No., the Code of Medical Ethics adopted by the late Medical Convention. Presuming that it will be generally considered satisfactory, if, indeed it be not all that could be desired, we trust that it will be formally accepted by state and local associations throughout the country. Great advantage will accrue from the adoption of codified rules by general agreement, so that there may be entire uniformity in the ethical laws by which the profession shall profess to be governed. The code submitted by the convention to the profession of the United States, has been compiled and drawn up with care, and perhaps could not be materially improved. Let it then be received as the standard system, and let all who have at heart the honor and usefulness of the profession, make it an object, not only to regulate their own conduct in strict conformity with its requirements, but to use all proper, judicious means to secure from others rigid compliance with its behests.

It must be evident to any one who has betowed reflection on the subject, that one of the most effective methods of advancing the position of the medical profession both in the respect of medical men themselves, and in the confidence of the public, is for its members to maintain in all their relations, principles of integrity and honor. Complaint is frequently made of the lowness of estimation in which the profession is held by some: but why is it so? It is due, in no small degree, to the impressions resulting from the non-observance of medical ethics by unworthy members of the profession. When people perceive that regularly recognized members of the profession have no regard for their brethren, and are unscrupulous in their efforts to promote their own selfish purposes, is it surprising that the profession fails to receive that consideration which it ought to claim and preserve? It is not for the protection of the private interests of honorable members of the profession that the enforcement of medical ethics makes its strongest appeal, but it is in this way only that the profession itself can be respectable and respected. We would urge upon local associations every where, (and for this, if for no other purpose, societies should be formed in places where they do not exist) after adopting this as the standard code, to take proper cognizance and action upon every violation of it. Let a condition of continued recognition and fellowship be conformity to the letter and spirit of the code. Let every society not hesitate, nor neglect to act promptly and decidedly on any known infringement by whomsoever committed; and whenever it be deemed just and necessary to dissolve all connection with those who are incorrigibly reckless of its rules, let measures be taken to apprise both the profession and public of the fact. In this way lines distinct and broad will be drawn between the worthy and unworthy members of the profession; the latter will cease to be held responsible for, and participate in the odium of the disreputable conduct of the former; and the character of the profession will be secure against one of the most powerful causes of its depreciation in public sentiment. There is much to be said on this important subject, and we may be tempted to resume it in a future No.

Apothecaries.—The following article, which we find in the columns of the *New York Annalist*, refers to a practice too common with apothecaries, which should be rebuked, and, if possible, prevented. The apothecary looks to the physician for his countenance and support, as the only efficient mode of acquiring the confidence of the public, and, in return, not content with the duties of the compounder of medicines, endeavors to appropriate, whenever opportunity permits, the functions of the practitioner. We have a right to complain of this, not chiefly because it diminishes the amount of business which should properly go to the physician, but because, in so far as it has any effect upon the sentiment of the community, it tends to create an impression that the art of prescribing is merely incidental to a knowledge of drugs and pharmacy, instead of the latter being a collateral and subordinate branch of medical science.

As the author of the communication referred to properly remarks, medical men, in their capacity of curators of the interests of the public, are bound to oppose this encroachment, since much injury to health, without doubt, results from it.

We could mention other abuses which have come under our observation, as, doubtless, they have under that of other practitioners. One of these is the habit of exorbitant charging. The public cannot be expected to judge of the propriety of the charges for medicines prescribed. Dependence must necessarily be placed upon the honor or honesty of the apothecary ; and the opportunity for gratifying cupidity sometimes leads him to abuse this trust. If we assume the responsibility of recommending patients to carry their prescriptions to certain establishments, it certainly devolves upon us to endeavor to protect them against imposition. Hence, exorbitant charges by the apothecary should properly come under the cognizance and animadversion of the physician. A direct personal injury is here done to the practitioner, for it will often happen that the pockets of our patients are in that way pretty thoroughly emptied, so that there is little or nothing left for the remuneration of the medical attendant !

Another evil is the habit of making prescriptions subjects of comment or criticism. We have known instances in which the apothecary takes occasion to inquire concerning, or, to show his shrewdness, guess the disease, symptoms, &c., for which the prescription is given, delivering his opinion on its adaptness, &c.

The vending of secret, patented nostrums ought to be disconnected from the legitimate business of the apothecary. We entertain sufficient confidence in the progress of society to believe that the time will come when public sentiment, or the law, or both, will interdict the sale of remedies, the composition of which is concealed. But, before that time arrives, it would seem to be the duty of the medical profession, appreciating, as they do, the nature and extent of the impositions practiced upon the community, to do what they can to discountenance and prevent it. It would do something toward this object, and, at least, be more consistent with dignity and self-respect, to make it a matter of principle to recommend to public favor, and patronize those establishments only which decline to engage in this unholy traffic, provided such establishments are to be found, or can be instituted. While the sale of empirical compounds continues to be sanctioned, let it be confined to shops devoted expressly to the business, and we shall not then, as a profession, be chargeable with indirectly sustaining quackery, by contributing our custom and influence to the support of shops which derive a considerable share of their revenue from that source.

The sale of lottery tickets is interdicted in many of the States of the Union, in order to protect the credulous and infatuated against a foolish expenditure of money, in the hope of a lucky windfall of wealth. With how much more propriety should the law interpose to prevent not only an equally foolish throwing away of money, but the danger of losing what wealth cannot recover, viz., health and life! We have said, that we cannot but think the time will come when public sentiment will require the interposition of effective means to accomplish the latter object. Were we asked to refer to any evidences of an approximation to this period, we confess we should be at a loss to comply. The inordinate desire to be duped seems to be increasing instead of diminishing; and, perhaps, there is encouragement in this fact, on the principle that by satiety of indulgence, the "appetite may sicken and so die;"—but we will not detain the reader longer from the article which has suggested the foregoing remarks :—

"TO THE EDITOR OF THE ANNALIST :

SIR,—It is a matter of much surprise to me, as I know it is to yourself, that so little interest is manifested by the profession at large in reference to the exposure of quackery, and many kindred evils which operate so injuriously to their interests. One of these kindred evils I wish to bring to your notice, and through your valuable periodical to introduce the same to the particular attention of my professional brethren. I mean the very general practice of our apothecaries in prescribing for, and administering to, individuals who choose to consult them. This is an evil of which all have reason to complain, and it is one which I think the Academy of Medicine would do well to notice, with the view of taking certain steps toward its removal. Go into any apothecary's shop you please, and remain there half an hour or so, and you will almost always find some one come in to consult the apothecary, who never lets him go away without a dose of some sort. This is a common practice among the fraternity, and is one which is fraught with serious evils; for these persons are not always competent to prescribe, if they are to compound. Not unfrequently great mistakes are made by them, in prescribing either the wrong remedy, or in giving an over dose, and death may be the consequence. The apothecary has no just right thus to interfere with what strictly belongs to the physician. His business is to provide himself with the purest drugs, and to compound them according to prescribed formulæ. It is not necessary for him to be thoroughly acquainted with their particular properties, doses, &c., though some knowledge of this kind is useful to him, as well as to the physician who employs him.

I hope that, as the profession has of late manifested a disposition to maintain its dignity, and to advance its interests by a bold and decided opposition to whatever bears the least relation to quackery, it will see the propriety—nay, the necessity of adopting some measures against this encroachment on one of its principal prerogatives.

Let but unanimity of sentiment and unity of action prevail, and in due season the object will be accomplished. MEDICUS."

Legalization of Anatomy.—The National Convention, at their late session, passed a resolution recommending to the profession in states wherein laws legalizing the practical study of anatomy do not exist, to unite in endeavoring to procure the passage of such laws. In accordance with this resolution, the Erie County Medical Society, at the semi-annual meeting in June last, appointed a committee, of which, Dr. G. N. Burwell of this city is chairman, to correspond with other societies, and with members of the profession in this state on the subject. We know not whether any steps have, as yet, been taken toward carrying out the purpose of the resolution. We hope, however, that the approaching legislative session will not be allowed to pass by, without some means being taken to bring the matter before it. It is, of course, quite unnecessary to say a word to Medical men of the propriety, and great importance of such laws. The only questions are, can they be procured: is the state of public sentiment prepared for them? From what reflection and observation we have bestowed on the subject, we are convinced that these questions may be answered affirmatively. We believe that if the subject be fairly submitted to the Legislature, and the public, the policy in various points of view of providing legally for dissections will be appreciated, and acted upon. We have not time nor space to extend our remarks in this No., and we will, for the present, content ourselves with earnestly inviting our brethren throughout this state to give the matter thought, and, if they agree with us that the present is a proper period for effort, their co-operation in such measures as shall be necessary to effect the object. We would suggest that they who are disposed to take an interest in the matter, draw up petitions to the Legislature, to be signed, not by Physicians only, but by intelligent persons of all classes. We feel assured that the larger portion of all communities will cheerfully unite in an application for the legalization of Anatomy, especially if it be explained to them that it will not only promote their interests by its influence on medical and surgical knowledge, but will afford the best security against outrages, which, until dissections are provided for by law, will occasionally occur.

Prof. Dunglison.—The following deserved tribute to Prof. Dunglison by one of the Editors of the St. Louis Med. and Surgical Journal, may be perused with advantage by those who would avail themselves of the secret of attaining a like position of eminence and usefulness. It is imputed to Hogarth that on some reference to his *genius*, he replied, "Genius, I know not what it is if it be not industry." That differences do exist as respects general and special mental endowments, we do not deny, but talent without application can accomplish but little in any department of effort, and unremitting industry will often compensate for the want of extraordinary natural parts. As the writer observes, Dr. D. is not to be regarded as a man of ordinary ability, yet, as he himself declares, it is by means of systematic and constant industry that he has been able to perform, and with apparent ease, such a vast amount of intellectual labor.

"We have long regarded Dr. Dunglison as a remarkable example, of one who accomplishes more in the way of science, and of professional and general literature; and has more time to devote to the cultivation of polite letters, and to the demands of society and of his family, than any one within the whole circle of our acquaintance. We speak from knowledge derived from a personal acquaintance with his habits, now some six or seven years ago—at the time Dr. Dunglison was professor (as he still is,) in one of the first Medical Colleges in the country, and filled a most important chair with distinguished ability—was visiting physicians to the Philadelphia Hospital, in which institution he delivered clinical lectures to a small class of private pupils during the summer, and to a large class from the college in the winter—was constantly issuing from the press new and standard medical works, as well as fresh editions of former publications—conducted a medical periodical—attended to his private practice—was also a prominent member of the American Philosophical Society, and of the Academy of Natural Sciences, as well as similar institutions for which Philadelphia is so celebrated, and many of whose able reports he himself prepared. In addition to all this, he kept pace with the progress of our ever advancing science, and with the current literature of the day—attended dinner parties, and evening parties of literary men, and always found leisure for any new or extraordinary demand on his time which might arise. All this he did, and did it well. We had the curiosity on one occasion to enquire how he effected so much, and yet never seemed hurried about anything. His reply was, "by a systematic employment of those fragments of time which are usually thrown away." We mention these facts to show what system and well directed talent will accomplish. It must not be inferred, however, that we regard Dr. Dunglison as a man of ordinary ability. Far from it. But we do believe that he owes very much of his success in life to a systematic industry, and a proper application of his talents, which all must admit are of a *high order*. McP."

Pseudo-Doctors.—The medical profession suffers not a little from the false assumption, or application of the title of doctorship. It is bad enough, in all conscience, to bear the disgrace inflicted occasionally by some of its legitimate members, and to be obliged to sustain the additional burthen of the misdeeds of those who choose to style themselves *Doctors*, or upon whom the generous and discriminating public chooses to bestow the title, is an imposition of which we may resonably complain. A short time since, among the newspaper items of the day which circulate over the whole country, it was announced that a certain Doctor somewhere in Michigan was arrested for the alledged crime of having poisoned his wife. Our esteemed contemporary, the Annalist, in commenting on the circumstance, gave utterance to some eloquent expressions of sorrow that the purity and nobleness of our profession should be sullied by such instances of criminal conduct in any of its members. Happening to be in conversation with one who resided in the neighborhood at the time, we learned that the individual referred to was not a regular physician, but a false pretender. An instance of a similar character has lately occurred in this city. A certain so called Dr. Allin has been committed to jail on the charge of a horrible attempt at crime upon the person of a young girl thirteen years of age. Notice of it will doubtless pass from paper to paper, and it will be generally inferred that the said Dr. Allin belongs to the Medical Fraternity of this city. This, however, is not the fact, his only known claim to the title of *Doctor* consisting in his having opened a shop for vending patent nostrums.

We think that it is but just to the medical profession, that Editors of papers in which such notices first make their appearance, take pains to state whether the individuals obnoxious to criminal accusation are regular members of the profession, or belong to the much more numerous class of *pseudo-doctors.*

College of Physicians and Surgeons, University of the State of N. Y.—By reference to the advertising sheet of this Journal it will be perceived that the College of Physicians and Surgeons of N. Y., has extended its term of lectures, for the next session, to five months. This has also been done, as our readers are aware, by the University of Pennsylvania. This promptitude of action, by these time-honored institutions, in accordance with the recommendation of the National Association, cannot but serve to enhance the great respect in which they are held by the profession. We trust, and believe, that other institutions will not delay in following their example, and that the sessions of 1849–50 in all the schools, will be extended to the full period recommended by the Association.

The College of Physicians and Surgeons have, also, instituted a chair of Physiology and Pathology, and appointed, as lecturer, Alonzo Clark, M. D. Dr. Clark enjoys a high reputation as an accomplished proficient in the department of the new chair, which he has for several years taught with success of the Medical Institution of Pittsfield, Mass. His talents and reputation will add strength to the Faculty of the College of Physicians and Surgeons, and this is saying not a little, in view of the ability which that school already possessed.

Mortality in New-York City.—The Annalist, August 1st, states that the deaths in the city and county of New-York from July 10th, to 23d, were 960. Cholera Infantum, 131; Cholera Morbus, 51; Typhoid and Typhus fever, 92; Fever, 22; Puerperal fever, 14. At the Hospital on Staten Island, the number remaining on the 12th July, was 709, since when, 156 patients have been admitted, 242 discharged, and 24 died, leaving 599 remaining: laboring under bilious remittent fever, 3; remittent fever, 284; typhus 182; small pox, 2; and other disenses, 112. On July 16, there were 800 patients of the Bellevue Hospital. The Grand Jury, having made an official visitation of the latter institution, reported in terms of great satisfaction upon the appearance of cleanliness and neatness, and that serious mortality from ship fever has been arrested. Much credit is attributed to the new resident Physician, Dr. Reese, for the improved condition of the hospital and inmates.

A place without Doctors.—The following annunciation, which we copy from the Western Lancet, is certainly, as the Editor observes, extraordinary. Wonders never cease! We may now hope that the philosopher's stone will be discovered! We shall expect shortly to receive instructions from some of our subscribers to change the direction of the Journal to *Geneva, Coffee County, Alabama,* the place without doctors. The Post-master from said place thus writes:—"Strange to say, among a population voting about eight hundred, some pretty large families, and this village containg about forty families, we cannot count *one doctor.* Our village is on a stream navigable for steamboats, at the heart of navigation, and in a cotton region." We trust in mercy that the place will be speedily supplied with doctors, lest the discovery be made that life and health are secure without them!

Kreosote a remedy for Vomiting.—As vomiting is apt to be a troublesome symptom in the diseases of the summer season, we would invite the attention of our professional brethren to the above remedy. We have employed it very considerably in our practice for the last three years, and in a large proportion of cases, proceeding from gastric irritation, both in children and adults, it has had an efficacy so immediate and complete, as almost to entitle it to be considered a specific. We recommend it in Cholera Infantum, and in common Cholera Morbus, in so far as vomiting is an element of these affections—and, indeed, in all cases of vomiting, not involving gastric inflammation—with confidence that it will be found an invaluable remedy.

The following is our method of prescribing it for adults, and for children over two years of age. For children under two years, we generally diminish the quantity of kreosote one half.

℞. Kreosote gtt. viii.
P. Sacch. alb. ʒi.
Spts. Lav. comp. ʒii.
Aquæ Pur. ʒvi.
f. Mist.

A teaspoonful to be administered directly after each act of vomiting. In a good proportion of cases one dose only is requisite.

Medical Association in Lake and McHenry Counties Illinois.—We have received a number of the *Lake County Visiter*, published at Little Fort, Illinois, containing one of a series of articles on the formation of a Medical Society in that and the adjoining county of McHenry. Appended to the article, which is written with ability, are initials which we recognize as those of the name of a young friend of much promise, who we are glad to see is engaging with zeal in matters relating to the interests of our common profession. With our sentiments on the importance of associations our readers are sufficiently acquainted. We regard them as the breath of the life of medical progress, and we trust that the exertions of our friend will be crowned with success.

Medical Appointment in the University of New-York—We learn from the Boston Medical and Surgical Journal, that Samuel H. Dickson, M. D., of Charleston, S. C., has been appointed to the chair in the University of the city of New-York, rendered vacant by the decease of the lamented Revere.

Dr. Dickson has for several years occupied the chair of practice, in the Medical College at Charleston, and is favorably known as the author of a work entitled essays on Pathology and Therapeutics.

Erie Co. Med. Society.—We omitted in a previous notice of the meeting of the Erie Co. Med. Society held in June last, to state that a committee was appointed to revise the Constitution and By-laws of the Society. The attendance at the stated meetings of the society has hitherto been small, especially of members from the country. Several whose presence would be very acceptable, and add much to the character and usefulness of the meetings, have been absent for years. It is understood that objections exist, in the minds of some, to the requirements of the Constitution and By-laws. We trust the committee who have in charge their revision, will remedy what is amiss, and remove all obstacles in the way of an universal and cordial interest in the prosperity of the society.

Erection of an Edifice for the Buffalo Medical College.—We are gratified in being able to announce to our readers, that a sufficient sum has been subscribed by the citizens of this place, to secure the erection of a commodious and ornamental edifice for the Medical Department of the University of Buffalo. With the conviction that a suitable structure is alone necessary to place the school on a permanent basis, and secure its prosperity, the friends of the institution have just reason to congratulate themselves on the liberality and public spirit which have so promptly and efficiently responded to their appeal. The building at present occupied by the College is leased for a short period, and although it answers exceedingly well for the present, is not adapted to meet the prospective wants of the institution. The new edifice will probably be erected during the next summer.

Doct. Flint, Batavia, August 14th, 1847.

Dear Sir:—Permit me through the columns of the Medical Journal to express my deep and earnest gratitude to the Medical Faculty of your city, for their kind attentions and warm sympathies during the last illness of a beloved daughter. My grateful acknowledgments are especially due to Doctors Sprague and Cary.

Your obt. servant, J. A. BILLINGS, M. D.

Yellow fever in New Orleans.—The Board of Health in New Orleans have officially announced the prevalence of the Yellow Fever in every part of the city of New Orleans, and the unacclimated are warned to absent themselves.

Circular to the Medical Profession of Tompkins, Tioga, and Broome Counties, N. Y. We publish, with pleasure, the following Circular; and hope that the Convention will be well attended :—

CIRCULAR:

Dear Sir,—At the semi-annual meeting of the Cortland County Medical Society, held on the 16th ult., the following preamble and resolution were unanimously adopted :

"Whereas it has become necessary that every intelligent and honest member of the Medical Profession in this country should exert his utmost influence not only to sustain, but to elevate his profession; and inasmuch as these objects can be most efficiently secured, by the associate influence of a common brotherhood, therefore,

Resolved—That the Cortland County Medical Society appoint a committee to prepare and send a circular to the individual members of the profession in the counties of Tompkins, Tioga, and Broome, inviting their co-operation in the organization of a District Medical Association."

The undersigned were appointed a committee to carry out the wish of the Society as contemplated in the above resolution. The committee would add, however, that this proceeding of our Society was not entered into with the intention of officiously taking the lead in the formation of the organization proposed, but that it was in accordance with the unanimous recommendation of the New York State Medical Society, at its annual meeting in February last, as expressed in the following resolution :

"*Resolved*—That as far as it may be deemed practicable, it be recommended that voluntary associations of Physicians be formed, whose duty it shall be to hold frequent meetings, to read dissertations on medical subjects; to relate interesting cases of disease; and interchange views with each other on all subjects connected with our profession; that thus, interesting and instructive matter may be in readiness to be laid before the respective County Societies at their regular meeting, which will tend to call out the latent talent of the profession, and make our meetings something more than mere medical elections, while at the same time it will make manifest before the public, the wide difference between science and quackery."

The Committee would also take the liberty of calling your careful attention to the National Medical Association recently formed in Philadelphia, and to its plans for the sustension and elevation of the Medical Profession of the United States; believing, that an attentive consideration of the views projected by the National Medical Convention in relation to the elevation of our ethical and educational standard in this country would inspire you with still greater confidence in the truly noble profession of your choice, and encourage you to pursue with still greater ardor the cultivation of medicine and the collateral sciences.

But the duty of the Committee is mainly to call your attention to the propriety of forming a "District Medical Association," to embrace the counties of Tompkins, Tioga, Broome and Cortland. In relation to this subject we invite your free correspondence. The Committee would respectfully suggest, however, that in the event of a general approval of the formation of such an Association by the members of the profession in the above named counties, the Convention for its formation be held in Owego, (on account of its centrality and accessibility,) and that the time of meeting be some day in September next. On this point, also, we hope you will be free to extend us your advice.

F. HYDE,
G. W. BRADFORD, } *Committee.*
C. GREEN.

HOMER, July 8, 1847.

P. S.—Since the above went to press, the Committee have had the pleasure of being officially informed that the Tioga County Medical Society has passed a resolution similar to the one above noticed, recommending the meeting of the Convention at Owego, on the second Tuesday of September next. The Committee would, therefore, take the liberty, without further correspondence, of appointing the meeting of the Convention at Owego, on Tuesday, the 14th day of September next, at 1 o'clock in the afternoon.

BIBLIOGRAPHICAL NOTICES.

Saint Louis Medical and Surgical Journal.—This Journal, which has hitherto been a monthly of forty-eight pages, commences its fifth volume in an improved dress, and is hereafter to be issued bi-monthly, containing one hundred and four pages, at three dollars per annum. It continues under the editorial charge of Drs. Linton and McPheeters. It is an able, spirited journal; and we cordially congratulate its accomplished editors upon its increasing popularity.

Ranking's Half-yearly Abstract of the Medical Sciences.—The first number of volume third of this excellent periodical has been promptly reprinted by Lindsay & Blakiston, of Philadelphia. In addition to the selected articles, it contains reports on Practical Medicine, by the Editor; on Surgery, by Henry Ancell, Esquire; on Midwifery and Diseases of Women and Children, by the Editor; on Chemistry, by George Edward Day, M. D.; on Forensic Medicine, by William Augustus Guy, M. D.; and on the Ether Inhalation, by the Editor. These reports are able papers, presenting a careful summary of the various contributions which have been made for the preceding six months toward the progress of the departments of Medical Science to which they respectively relate. The work is deservedly much esteemed by the profession.

A Treatise on the Practice of Medicine. By George B. Wood, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, &c.; in two volumes, 8vo., Philadelphia, Grigg, Elliott & Co., No. 9 North Fourth St., 1847.

The author of this work, our readers need not be informed, occupies a distinguished position among the Medical *savans* of this country. Author, in conjunction with Dr. Bache, of the United States Dispensatory, eminent as a teacher of Materia Medica, a practitioner of large and long experience, and distinguished for his general scholastic and scientific acquirements, the expectations of the profession would hardly have been satisfied with a production of mediocre merit, emanating from so high a quarter. We take pleasure in expressing our conviction, that great as must be the anticipations of the character of the work, they will not be disappointed. We do not hesitate to say, that, in our opinion, Dr. Wood has given us a work on Practical Medicine which is not excelled by any other in the English language. We do not, of course, mean to affirm that it is without faults, but we can conscientiously say that, in our judgment, it has fewer defects than any other work of a similar character with which we are acquainted. We know of no work on Practice which presents a more comprehensive and discriminating outline of Practical Medicine, in the present stage of its progress, than this. We might particularize the several points of view in which it appears to us to merit these encomiums; but this is not necessary, since they who may in any degree be influenced by our opinion, will probably obtain the work, and judge for themselves of its various excellencies, as well as its faults. Suffice it say, that its pathology is based upon a rational eclecticism , its description of symptoms is full and lucid ; its therapeutics prudent but decided, effective but judicious, and the arrangement and execution of the work exhibit philosophical reflection, sound judgment, and an agreeable style of composition. We pen these remarks after a general examination of the whole work, and a careful perusal of some parts of it. We may, hereafter, venture upon a critical analysis of certain portions, when we shall not hesitate, with all candour and frankness, to indulge such strictures as seem to us to be called for; but, as a whole we can only speak of it in terms of unqualified praise. As an American production we congratulate the profession upon so valuable a contribution to our native medical literature, and we predict for it all the success which the author and his friends could reasonably desire.

[Notices of the New Works are deferred until the next number.]

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ORIGINAL COMMUNICATIONS.

ART. I.—*Epidemic Erysipelas*. By H. Jewett, M. D., Allen's Hill, Ontario Co., N. Y. Being an address, read at the annual meeting of the Medical Society of Ontario County, July 1847.

[*Communicated for the Buffalo Med. Jour., by request of the Society.*]

The history of Epidemic diseases is a subject which has attracted the attention of medical writers from the earliest ages. If we glance at the records of the past, or recur to our own experience and observation, we perceive that at all times, and in all countries, many diseases have assumed an epidemic character, and prevailed with greater or less mortality. Fevers, dysenteric affections, cholera, and various other diseases, have taken this peculiarity, and spread over entire countries; then, again, assuming the endemic aspect, they have been confined to a limited region, prevailing with different degrees of malignity in certain seasons, situations, and in particular states of the atmosphere. We see them springing up in different parts of the country almost simultaneously, without any connection, without obvious producing causes, other than continued cold, heat, or moisture, or the influence of all these combined. And in no disease have we seen the truth of this remark more clearly exemplified than in the prevalence of the malignant or epidemic erysipelas in this country. We may speculate and theorize upon the remote and proximate causes of this malady: but our speculations and theories are all in vain. Theories may be profitable in the development of truth, but when they are made the basis of practical error, they become dangerous to human life. It is truth, experimental truth, that we require to guide us in the recondite and intricate paths pertaining to our organization, and in the adoption of means best adapted to the preservation of life, and the promotion of health.

Many diseases that are strictly epidemic, are by some considered contagious, from the fact that they prevail to so great an extent in hospitals, neighborhoods, and circumscribed sections. But all must be aware of the difficulty in distinguishing between diseases that are communicated from one person to another, and those which at the same time affect many individuals who happen to be placed in similar circumstances, and are subject to the same external influences. In speaking of the non-contagiousness of disease, I would be understood to use the term in a modified sense. Any cause that produces a depressed and debilitated condition of the patient's constitution—exposure to damp, fatigue, severe and continued cold, fear of sickness, in short, any thing which tends to disturb the natural equilibrium of the system, doubtless predisposes to disease, and that predisposition is materially increased, and the character of the disease established, by coming in contact with, and inhaling the efluvia arising from a person laboring under any prevailing epidemic, and more especially so, if the epidemic puts on a malignant character. A whole community, or neighborhood, during the prevalence of an epidemic, seems to be charged with some mysterious morbific agency, which is developed and brought into action by external influences. We have recently seen this in the prevalence of the typhoid fever in the town of Richmond, in this county. Commencing at the outlet of the Honeoye Lake, and extending along the bottom lands contiguous to the stream, it affected, all more or less within the sphere of its influence. The disease in this instance put on a peculiar and specific character. Most of those, who were in contact with the sick, or in occasional attendance upon them, suffered, to some extent, from the combined influence of watching, fatigue, and direct exposure to the person laboring under the disease, superadded to atmospheric malaria.

It is a peculiar feature in epidemic diseases to render other affections less common during their prevalence. The predisposing causes, which must be some atmospheric condition, entirely inappreciable by our senses, or present means of investigation, seem to exert a specific influence to the exclusion of most other diseases.

We find, however, invariably puerperal peritonitis prevailing at the same time with epidemic erysipelas, which tends to prove some direct connexion, or dependence one upon the other, although in the puerperal cases there is no visible manifestation of the erysepelatous character, and no essential difference from ordinary peritoneal inflammation except in the rapidity and certainty with which the disease runs on to its fatal termination.

During the prevalence of the epidemic in Vermont and New Hampshire, in 1842–3, puerperal peritonitis prevailed with alarming fatality. In one county in Vermont 30 cases occurred, all of which (but one) proved fatal. In Bath, with a population of 1600, 20 women died of puerperal fever, and 40 of erysipelas. As these diseases exist at the same time, can their origin be traced to similar causes? or, if not, what connexion exists between them? Dr Allison remarks, that when erysipelas extensively prevails, puerperal fever becomes epidemic. Drs. Ramsbotham, Collins, Acherly, Abercrombie and Cusach bear testimony to the same fact.

In the hstory of the epidemic that visited Vermont, Massachusetts, and the eastern part of this State during the years of 1840–1–2–3–4, we have abundant proof to the same point. And I hazard nothing in saying, that every practitioner who has been engaged in treating the one, can bear painful record to the fearful and speedy mortality of the other.

These diseases are not in reality ordinary inflammation, they seem to possess a new, peculiar, and specific character. We see them occurring together epidemically, ceasing together without any obvious reasons, and suddenly and strangely reappearing. The truth of the statement has fallen under the personal observation of most of us; and for its explanation we are compelled to allow some powerful predisposing cause, upon which depends the development of both erysipelas and puerperal fever. This unknown cause is brought into action by a variety of external influences. Dr Gordon says, "they are concomitant epidemics." That there is a close connexion between them, an intimate dependance, the one upon the other, we have the most convincing evidence, in the history of their ravages in our own neighborhood, as well as in other parts of the state. In the immediate neighborhood when the fever was common, scarcely a case of lying-in escaped its deadly influences; and in all the cases of puerperal disease that have occurred, there has been great uniformity of time, character, and symptoms—unlike erysipelatous fever as it prevails in other forms, and under different circumstances, where we find every grade of morbid influence exists, from the simple sore throat, to the most malignant typhoid condition. It is a question full of interest to the Physician, and to community, whether there be any connection, dependence, similarity in origin, mode of propagation, or in any of the essential features of these diseases. The question forcibly suggests itself, does contagion or infection contribute to the production of puerperal fever? If not, how does it happen that the proportion of such cases is greatly increased during the prevalence of the epidemic? Then again, the facts are too numerous, and stubborn, to be resisted, that the physician, or nurse, may be, and there is too much reason to believe frequently is the medium of communicating the disease.

Caution, seclusion, or living out of the region of the affected atmosphere, are not safeguards, if the patient be attended during labor by an accoucheur engaged in treating subjects laboring under this epidemic—and here allow me to cite one case in corroboration of this fact:—

The patient was the wife of an intelligent medical friend in an adjoining town, who, suffering from an attack of pulmonary hemorrhage, requested one of his medical bretheren to attend upon her during her confinement. The physician, at the time, was extensively employed in treating erysipelatous affections, which prevailed in another town with alarming fatality, and at the moment of the summons was engaged in dressing an abscess, the result of phlegmonous erysipelas. The patient was delivered of her second child in the ordinary time, and left with a promise of a speedy convalescence. In 49 hours from the time of the delivery, she was seized with a severe chill, and died, at the end of the fourth day, of puerperal fever. Previously to this time, no cases of the disease had occurred in the neighborhood, or town; neither had any tendency of the kind manifested itself. But from that date erysipelatous affections became common.

Two important facts are to be deduced from the foregoing case: 1st. that the disease is communicated by the clothing, or the actual contact of the hand under such circumstances; and 2d, that the phlegmonous, or the erythematous form of the disease grows out of puerperal inflammation. Numerous other instances that have come under our notice, might be adduced, presenting the most unequivocal testimony that the disease may be communicated by contact to parturient females.

I might here remark, that at the time of its prevalence in the Western part of the County, and during my attendance upon the disease, the greatest precaution was taken, to remove, as far as possible, by repeated washing, and change of clothing, all danger of *infection* from my person, before venturing to the sick room of a patient in child bed. During its prevalence in the fall and winter of 1845, at Honeoye, in almost every instance of lying-in in that region, the patient fell a victim to the disease; and so deeply impressed were the citizens of the danger, that all parturient females were removed, by the judicious advice of the attending physicians, to the neighborhood of a medical man without its fatal influence; and I believe in every instance there was an exemption from the disease.

In a history of erysipelatous fever that prevailed in New Hampshire and Vermont in the spring of 1842, given by Hall and Dexter, in the January No. of the American Journal of the Medical Sciences, we have one of the first condensed accounts of its fatal ravages in an epidemic form. Here, as elsewhere, the fact is set forth that lying-in females almost indiscriminately were ready victims to the disease. As before stated, in Caledonia Co., Vermont, thirty cases of puerperal peritonitis occurred, only *one* of which recovered; and in Bath, N. H., twenty mothers died of the same disease, and forty of erysipelas.

Almost simultaneously we find accounts of its springing up here and there in different parts of the country. In the eastern and central portions of this State we heard of a few sporadic cases, but it attracted little attention until the fall of 1844, when it made its appearance in the Counties of Thompkins, Cayuga, Cortland, and Seneca, as an epidemic, an account of which will be found in the New-York Journal of Medicine for July, 1846. We also find statements of its ravages in Canada as early as the summer of '41. In the winter of 42–3, it prevailed in Missouri, with unusual mortality, during the cold season. In a history given of it by a correspondent, the more mild cases commenced with lassitude and depression, loss of appetite, slight chill succeeded by slow fever, thirst, red tongue, fullness in the head, &c. Then, again, the attack was violent, the chill continued until the patient sunk under the force of it.

In a large proportion of cases the throat was the principal seat of the disease, swelling to such an extent as to render deglutition almost impossible,and greatly embarrassing respiration,the face becoming livid and œdematous, the pulse feeble and tremulous, extremities cold, and in this condition the patient frequently sinks; but if he survives twenty-four or thirty-six hours, the swelling of the throat subsides, the breathing and swallowing become more free, and, unless the disease is transferred to some vital organ, the patient recovers. The disease in that climate runs on much more rapidly to its termination than here, where we have a lingering, protracted convalescence.

In November, 1843, the epidemic showed itself in the Western part of this State, in the town of Wales, Erie Co. For its history and treatment I am indebted to an intelligent medical friend residing and practicing there at that time, and who attended the first cases that were distinctly characterized as malignant erysipelas.

The attack was usually ushered in by a slight chill and soreness of the throat, tongue red, and covered with a viscid slime—the pulse small and rapid, ranging from 120 to 150 in a minute. In some instances death ensued from the extreme swelling and effusion about the throat, producing suffocation. In about one third of the instances it manifested itself by external inflammation upon the face more than elsewhere, but no part or structure was secure against its attack. The inflammation was generally confined to the skin and cellular membrane, and in many instances it extended to the subjacent and intermuscular structures, forming deep and extensive abscess. Here, again, we have to record the melancholy fact, that females who had recently become mothers were swept off almost indiscriminately. In the town of Wales there were 300 cases. and 82 deaths, 27 of which were lying-in females, and one only survived.

In the town of Holland there were 203 cases, and a smaller proportionate number of deaths. In the town of Bennington sixteen parturient females died; in Alden, Java, and Shelden, the disease spread, but in a less malignant form.

About this period we heard of its ravages in the Counties of Genesee, Wyoming, and Allegany. In the towns of Alexander, Castile, and Nunday, it was peculiarly fatal. In December, 1844, the first cases showed themselves in Lima, Livingston Co., where it prevailed for six months with great mortality. I am greatly indebted to my professional friend, Dr. Whitbeck, for the following statistics, as well as for the history and treatment of several cases which fell under his observation. In a communication from the Dr. on that subject, he says: "there were seventy cases of the worst grade of the disease, that came whithin my notice, besides a great number of milder ones that were not worthy of particular attention. Of this number, there were 25 deaths—15 puerperal cases, 12 deaths, in eight of which the disease located upon the thoracic viscera—abdominal, not puerperal, 7—head 27—extremities 16.

For several months previously to its showing itself in an epidemic form in the western part of this County, tonsilitis and apthous sore throat were exceeding common. Indeed, all the cases of disease that occurred, were modified by the peculiar anginose character, without external erysipelatous inflammation, or severe internal congestion. A few sporadic cases, putting on the erysipelatous character, occurred in the spring of 1845, which excited no apprehension among the citizens, as the nature of the malady was not distinctly understood. They were, however, the foreshadowing of the disease in its epidemic form, which produced consternation and alarm wherever it appeared.

The first and only well marked case, at that time, happened in April, 1845, in the person of Mrs. M., aged 32, of delicate nervous temperament. After a few days of slight indisposition, she was seized with intense pain in the head, small thready pulse, cold extremities, and stolid countenance, with intolerance of light. The intensity of the pain induced me to open a vein at once, which afforded immediate relief from the severity of the suffering. Cold applications were made to the head and sinapisms were applied to the feet, ankles and wrists. The next day reaction was fully established,—full strong pulse, burning heat of the skin, and dry red tongue. It was not, however, until the fourth day that the nature of the disease was fully developed by a deep scarlet blush upon one ear, spreading over the temple, accompanied with soreness of the throat, and extreme tenderness of the scalp upon the side inflamed, During the first four days it was looked upon as a case of ordinary meningeal inflammation. So soon as the nature of the case was clearly revealed, the mild alterative and antiphlogistic plan of treatment was pursued, together with surrounding the inflamed part by cauterizing with the nitrate of silver. To allay the burning heat of the skin the inflamed part was frequently moistened with a tepid solution of murias ammoniæ, which afforded the patient some relief, without repelling the eruption. The type, of the disease in the onset was decidedly inflammatory, yet early indications of sinking forewarned me of danger from another source, and the necessity for support, and the sustaining regimen. The convalescence in this case was extremely slow, under the influence of mild tonics, doubtless owing to the active treatment necessarily pursued at the commencement, to avert the danger that threatened the brain. The details of this case have not been given, but only some of its prominent features, inasmuch as it was six months in advance of the epidemic that followed.

In November, 1845, the disease showed itself epidemically at Honeoye, Ontario Co., and for some time was confined to that locality. The first cases that appeared were attended with swelled throats, and active peritoneal inflammation, which in many instances terminated rapidly in gangrene and death. In other instances the face and scalp swelled enormously, attended with most threatening indications. It was soon accertained that if it was not complicated with visceral disease, the danger was comparatively slight, and extended inflammation was looked upon as the most desirable form that the disease could present. For a time it was confined to the valley of the Honeoye lake; but it spread to the adjoining highlands, where it prevailed during the latter part of Winter and Spring. An isolated case would suddenly spring up in a hitherto uninfected district, and almost immediately the whole neighborhood would be seized, some with only slight soreness of the throat, others with violent organic inflammation, which latter cases were uniformly complicated with the anginose condition of the fauces, and in about one third of the instances the disease would be characterized by the peculiar erysipelatous swelling upon the face or extremities. The most alarming form that the disease could present, was that of peritoneal inflammation, most sudden and violent in its inception, rapid in its progress, and fatal in its consequences. Another condition peculiarly alarming, was when the mucous membrane of the fauces was highly inflamed; instead of speading along the nasal passages upon the exterior of the face, it extended by continuity of structure to the lungs, attended with oppressed and labored breathing, expectoration of a dark, bloody, tenacious mucous, great prostration of the vital powers, rapid pulse, and dry red tongue. In such instances, if the patient had passed the meridian of life, or possessed a feeble constitution, he almost inevitably sunk, before means could be used to arrest the rapid and fatal progress of the disease.

In all there were about 150 well marked instances in the vicinity of Honeoye, and twenty deaths. The proportionate number of deaths was much greater at the commencement of the epidemic than after it had prevailed for a time, and it is worthy of remark, (and the fact is borne out by observation wherever the disease has appeared) that the first few cases were more malignant and fatal than subsequent ones. The disease generally disappeared by showing itself in diminished violence, until the only evidence of its existence was a slight soreness of the throat, with those who had not been previously affected. I have transcribed a few cases from some hasty notes made at the time, but unfortunately in not a single instance of mortality was post mortem examination made, during the prevalence of the disease in the western part of this county. In some of the more malignant instances decomposition commenced in some parts before the circulation entirely ceased, and at the end of six hours great difficulty was experienced in placing the body in the coffin, so rapidly did the putrifying process take place, rendering speedy interment indispensably necessary. This, together with the fatal consequences to some who have ventured the investigation, deterred from prosecuting pathological inquiries upon the dead subject.

Mr. W., aged 44, of pulmonary diathesis, was seized on the 4th of April 1845, with violent chill, pain in the head and back, and was generally in great distress. I saw him soon after the reaction came on, the pulse 120, full and resisting, face flushed, restlessness accompanied with pain in the side, and great difficulty of swallowing, which came on suddenly during the first chill.

The case presented nothing unnsual from the prevailing sore throat, except the suddenness and intensity of the attack. The erysipelas had not made its appearance in this immediate neighborhood, yet most of the diseases throughout the region were complicated with inflammation of the fauces.

Took 12 oz of blood from the arm with immediate relief to the head—gave proto. chlor. hydrarg. grs. 20, to be followed with ol ricini if necessary. Saw him on the 5th, no material change except a slight abatement of the symptoms. Applied a blister to the throat, and gave sudorifics and anodynes, which were continued on the 7th.

On the morning of the 8th, one ear was discovered tobe swollen, red, and extremely tender to the touch—pulse 120, skin dry, tongue red in the centre with yellowish buff upon the sides, mucous membrane of the fauces highly inflammed.

Tenth, redness and swelling extending upon the temple and forehead, pulse rapid, tongue dry and rough, with depressed centre and elevated edges. Seared the skin with strong tinct. iodine in advance of the inflammation, to prevent its spreading over the face, and penciled the swollen part with a more dilute tinct. of the same. Gave proto. chlo. hydrarg. grs. 2, ipecac. gr. 1, sulph. morph. 1-6 gr. every four hours. 12th, inflammation had not overstepped the mark set by the iodine, but had spread in other directions over the scalp—pulse 125, compressible, somewhat irregular, mind wandering. ℞. spt. mindereri oz. ½, quinine grs. 2, alternated every four hours.

Thirteenth, ear enormously swollen and vesicated, inflammation had reached over the entire scalp; subsultus, coma, incoherency increased, pulse small, 130 per minute. ℞. quinine, grs. 4, camphor 2 grs. carb. ammon. 6 gr. combined, and alternated every four hours, with infusion of valerian and serp. virg. scalp kept wet with tepid solution of sulph. ferri.

Fourteenth, appearance much the same, treatment continued.

Fifteenth, passed a more quiet night, pulse 110, more firm and steady, consciousness improved, swelling of the ear first affected diminishing, the other ear and side of the head much swollen, with a collection of pus over the mastoid process.

Sixteenth, general appearance somewhat improved, tongue less dry, mind more clear. when fully aroused, redness of the side of the head first affected diminishing, pulse 106 in a minute. ℞ quin. grs. 3, carb. ammon, 6 gr, every six hours, alternated with infusion serp. virg. and rad. valerian.

Eighteenth, condition much improved. Gave infusion of cortex peru., serp virg. occasionally. From this time the convalescence gradually went on, and the patient recovered.

Case 2d; Mr. A., aged 60. Of natural strong constitution, but intemperate habits. Saw him for the first time on the 13th of April, 1846; had returned the day previous from a usual debauch of a week's continuance—was taken during the night with severe chill. Saw him in the morning after reaction came on—complained of difficulty of swallowing, mucous membrane and glands of the throat highly inflammed, pulse 100 with fulness of the artery, but easily compressed, tongue red and somewhat dry. Applied fomentations to the neck, and gave proto. chlor. hydrarg, grs. 4, ipecac ½ gr. every four hours, until the bowels were evacuated.

Fourteenth, countenance hippocratic, pulse intermitting, bronchial tubes filled with a bloody, tenacious mucus, which was expelled with great difficulty, somewhat comatose, slow labored respiration. ℞. quinine grs. 4, carb. ammon 6 grs., camph gr. 1, every four hours, altrenated with influsion of serp. virg.

Fifteenth, symptoms greatly aggravated, and the patient died on the evening of the third day, evidently from the inflammation and consequent effusion about the throat and upper portion of the lungs.

Case 2d; Mrs A., aged 28. Of good constitution, was taken on the 1st of June, 1846, with general lassitude, pain in the head and back, chilliness followed by feverish reaction. Saw her on the 11th, face flushed, skin hot and dry, pulse 120 small and hard, tongue red and covered with a slimy mucus—gave her Hydrarg, C. Creta gr. 10, Ipecac, gr. 1, every four hours, until the bowels were evacuated ; directed sinapisms to the extremeties. 12th, medicine had acted desirably upon the bowels, pain in the head intense, flushed face, full hard pulse. Venesection, 12 oz. with immediate relief to the head, applied epispastic to the neck, gave Proto Chlor. Hydr., 2 gr., Ipecac, 1 gr., every 4 hours.

13th. Bowels moved twice during the twenty-four hours, pain in the head abated, pulse, 100, compressible, general symptoms all improved. 14th and 15th, convalescence continued—able to sit up and walk about the room ; medicine discontinued. At 9 o'clock on the morning of the 16th, complained of pain in the umbilical and hypogastric region. Saw her at 10 A. M.—slept well during the previous night, pulse somewhat accelerated, small, but not hard, tongue moist, and comparatively normal in appearance—had in the morning, a free, natural evacuation of the bowels, which were not tumid, but slightly tender on firm pressure. Saw nothing in the condition of the patient indicating danger, was able to walk about her room. Gave Pulv doveri, 2 gr., morphine Sulph. 1–8 gr.. to be repeated every three hours if the pain continued. Applied mustard paste to the bowels. Was summoned at 9 in the evening to see the patient. The messenger remarked, "there was something singular in her appearance," and, to my astonishment on arriving, found her in *articulo mortis*—cadaverous countenance, surface bathed in a cold, clammy sweat, cold, pulseless extremeties, occasional vomiting, and continued hiccough.

On inquiry, the pain in the bowels had increased, and been intense through the day. Stimulants external, and internal, exerted no influence, and she died at 4 o'clock on the morning of the 17th, with all the indications of gangrene of the peritoneum, twenty hours from the relapse, and the 6th day from the attack. On criti-ical inquiry of the nurse she remarked, that from the time the pain left the head, she had complained of an unnatural, uneasy sensation in the bowels. But my attention had not been directed to it by the pulse or condition of the tongue, and there was every indication of convalescence up to the morning of the 17th.

The father and mother-in-law were both sick in the house at the time with malignant Erysipelas, the one with extensive phlegmonous abscess of the calf of the leg, the other with Erysipelatous inflammation of the throat, extending to the face and scalp, closing entirely the eyes, and obstructing the respiration and deglutition, presenting one of the most loathsome and malignant instances I ever witnessed, death ensuing on the 9th day.

There are some features in this disease, worthy of being noted; the individuals attacked being adults—children generally escaping—and the rapid transition of inflammation from one part of the body to another, leaving the original point of attack nearly free from disease, and the part secondarily seized being most severely affected and often fatally disorganized. The most fearful and dangerous seat of the disease is the fibro-serous membranes in the interior of the body; and the prognosis is decidedly unfavorable, when the peritonum, pleura or membranes of the brain are involved.

Numerous other instances might be adduced to show the varied and changing nature of this epidemic, but the limits of this paper preclude any farther trespass upon your time, and I will barely allude to the general principles of treatment adopted in different localities where the disease has prevailed.

The remedies instituted have been as various and diversified as the opinions concerning its nature and cause, and consequently, every plan and nostrum that ingenuity could invent, have been brought into requisition. General and indiscriminate bleeding, was by many adopted, and was, as might have been predicted, followed by general and indiscriminate slaughter. Calomel in large doses, and small doses has been resorted to, and yet the disease has marched on to its fatal issue. The high pressure Thompsonian hot drop system has been applied, and yet they died! Mammoth doses of Quinine have been administered, and the result has not been materially changed. Homœopathy, with its sugar pellets, and infinitessimal doses, has been invoked, and through the mysterious agency of this infinitely wonderful system, some valuable hints may be deduced.

A great majority of cases require only mild treatment. Active evacuents of all kinds are to be used with great caution. Early bleeding, only, if at all, should be practised, and that when the disease is complicated with Meningeal Inflammation, or a strong determination to the lungs, with full and hard pulse. In any case, great discrimination and care in the use of the lancet, must be exercised.

In the puerperal cases just reported, in the town of Wales, Erie Co., 25 of the 27 were bled, *all of whom died*, On the contrary, the too early use of tonics and stimulants are to be deprecated. They are to be kept in reserve, and promptly introduced on the first indication of waning of the vital energies. The more violent cases of Erysipelas, like typhus fever, have an inflammatory stage, followed by collapse, and our efforts should be directed to avert the danger arising from this last condition. The great object of equalzing the circulation, and restoring the vital energies, has been effected by sudorific remedies alone.

Warm, mild teas drank freely, in connection with heated bricks wrapped in wet cloths, and applied externally, have had the effect to bring on profuse perspiration, and thereby relieve the local congestion, and diminish the duration and violence of the disease. This treatment, followed by the use of alteratives, diaphoretics and anodynes, has been more successful than the use of more active remedies.

Blisters, tincture of Iodine, Nitrate of silver, solution of the sulphate of iron, and muriate of ammonia, are among the common external local applications that have been recommended, and used with various opinions as to their efficiency and value.

Notwithstanding the many theories and facts that have been elicited by tho prevalence of this disease, we are forced by sad experience to acknowledge, that many cases of this formidable Epidemic have thus far bid defiance to all remedial agents in our possession, and we are compelled to witness the impotency of our art in staying the progress of death.

ART. II—. *Observations on the Poisonous Properties of the Sulphate of Quinine.* By WILLIAM O. BALDWIN, M. D., of Montgomery, Alabama. 8vo., pp. 22.

The toxicological properties of medicinal remedies cannot be too diligently studied, and should never be lost sight of by the practitioner of medicine. For want of due attention to this subject, there is reason to believe that our art, not only often fails of attaining its legitimate purposes, but in some instances, produces effects the reverse of those which are desired. The medicinal character of every powerful remedy has a certain limit, as respects quantity, in either direction. In too minute doses it is not only innocuous, but devoid of any useful effect; and, thus administered, will do no good, although, by displacing means which would be calculated to exert a beneficial efficacy, it may indirectly do an incalculable injury. This remark applies to Homœopathy when its remedies are honestly administered in infinitessimal quantities. It is hardly necessary to caution medical practitioners against falling into this absurdity. But that there is a tendency to an extreme in the other direction, and that a large proportion of the profession have erred, and are still liable to err in the excessive use of powerful medicinal agents, must be admitted. To this source is undoubtedly to be attributed, in some measure, the transient popularity of the homœopathic delusion.

It is never to be forgotten, that when any medicine is administered in quantities beyond the limit of its medicinal character, it becomes truly poisonous, and under such circumstances, must exert, more or less, injurious influences. In connection with this important principle we will submit another, which, in our opinion, the practitioner will do well never to forget:—it is, that a remedy, even when used as a remedy, (i. e., within appropriate limits) if it does not exert a good influence, will necessarily do more or less harm. If it have any potency whatever, it must be potent for good or evil. There is scarcely an exception to this rule. There are no powerful remedies which, if they do not produce a beneficial effect, are harmless. We will waive for the present the inquiry in far far this rule is overlooked by medical practitioners, and proceed to the publication before us, the title of which is prefixed to this article.

Dr. Baldwin's paper on the poisonous properties of Quinine originally appeared as a communication in the American Journal of the Medical Sciences. The subject is one of interest and importance. The attention of the profession has been of late years directed to the employment of quinine in much larger doses than were formerly considered judicious, or even safe. This remedy has also been employed under circumstances which formerly were thought to render it, not only useless, but pernicious. We need not now go into a digest of the facts which have accumulated respecting the advantages of using the remedy with greater freedom and promptness than was the custom but a few years ago. Suffice it to say, that its remedial efficacy has been vastly extended, and it has been shown to furnish available resources far exceeding the most sanguine expectations of those who first ventured on its use. But this, like every other remedy, has its limit, beyond which it ceases to be, properly speaking, a remedy, and becomes a poison. The tendency of the human mind is to extremes. No sooner was it established that large doses of this valuable specific could be safely administered, under almost every variety of circumstances, and with signal success, than a natural enthusiasm led some to prescribe it in enormous quantities. That in this way it has done injury we cannot but believe. It is, then, a point of no little practical importance, to determine the limits of its remedial character, and to ascertain, if possible, when it ceases to be a medicine, and becomes a poison. The researches of Dr. Baldwin have some bearing on this point, and we therefore deem them sufficiently important to present an analysis of them, referring those of our readers to whom the American Journal is accessible, to the April No., 1847, of that valuable periodical for the entire article.

Dr. B. first reports a case of convulsions, blindness, and death, as the supposed effects of quinine, the patient being a child six years of age. The quantity which appeared to produce the fatal result was four grains, repeated in three hours. It had, however, been administered at regular intervals, but in lesser quantities, for two days previous. The symptoms immediately following the two last doses were *extreme restlessness, dilitation of the pupils, blindness, and convulsions.* In a second case, the details of which are given, sixty eight grains were introduced into the system in the space of twenty and a half hours, the patient, judging from the symptoms, being affected with fever of a continued type. The effects attributed to the quinine in this case, are *restlessness, tremors, slow and irregular breathing, dilitation of the pupils, blindness and convulsions.* The patient recovered after a protracted illness.

These cases are not sufficient in number to authorize any positive deductions concerning the character of the toxical effects of quinine; and there is some room for skepticism as to the phenomena attributed to this remedy being in reality legitimate effects of it, disconnected from the disease. Several cases, however, have been recorded by different observers in which similar accidents attending its employment occurred. The writer refers to the article on " Quinquina " in the *Dictionnaire de Medicine,* for a collection of such cases. This, together with the fact that in experiments upon inferior animals the same train of results seemed to be produced, renders the presumption very strong that the symptoms detailed in two cases reported by Dr. B. are fairly attributed to the poisonous operation of the drug under consideration.

The animal selected by Dr. Baldwin for his experiments was the dog. The toxical effects, as manifested in this animal, are concisely presented in the following extract:—

"*Symptoms* which followed the ingestion of large doses of quinine into the stomachs of dogs:—*restlessness* generally preceded all other symptoms, as was indicated by the animal changing its position often, and constantly moving from place to place. *Vomiting,* or, in those cases where the œsophagus was tied, efforts to vomit succeeded. *Purging* was noticed occasionally, but in no instance except where the medicine was taken by the stomach. Then came on *muscular agitation*, or *tremulous movements* of the body and extremities, with a *constant motion of the head*, resembling somewhat *paralysis agitans*, In attempting to walk, the dog would totter from side to side and fall, or if he maintained his feet, would walk in a direction different from the one which he seemed to desire. When under the full operation of the poison, the power of locomomotion, or even the power of standing in the erect position was lost altogether, the extremities apparently *completely paralysed*. This state was accompanied with more or less *excitement of the vascular system;* the pulse increasing in frequency and rising from 110 to 160, and in one instance even as high as 240 per minute. *Great oppression of the breathing* was present, and sometimes *frothing at the mouth*. The *dyspnœa* in all instances was excessive, sometimes panting, at others *slow* and *labored*, resembling in a most striking manner an acute attack of asthma; countenance expressive of great distress and anxiety. The *pupils of the eye were invariably dilated*, and generally to an enormous extent, leaving but a small ring of the iris perceptible, and *vision*, as well as could be judged, *was entirely lost*. *Convulsions* were observed in every case (except one), which was watched to its termination, where the dose given was sufficient to produce death, and in one or two instances where the medicine failed to produce this result. *Furious delirium* was present in one case, as was manifested by the dog barking and biting at everything about him. Sometimes a *profound coma* would ensue, accompanied with slight *muscular agitation*, *slow* and *heavy breathing*, terminating in death in a very few minutes after the poison had been taken, and in a few instances the subject seemed as if stunned by some sudden and powerful blow or violent fit of apoplexy. This latter effect, however, was only observed when it was given to young dogs (half grown and under) through the jugular vein or peritoneum. Its effects upon puppies seemed to be *proportionately* much greater than upon dogs fully grown.

The time required to produce death varied very greatly with the quantity given and the age of the subject, as well as the mode and manner of its administration, and some instances it varied considerably when the dose, mode, and all other circumstances of its administration were suppposed to be equal; for, whilst in some instances fifteen or twenty grains produced the uniform and peculiar train of toxical symptoms, succeeded by death in a very short time; in other instances is required these quantities doubled and repeated until 120 grains had been taken, and much longer time to produce the same results. This fact is in accordance with my experience relative to its remedial action upon the human subject, showing that it is governed more, perhaps, in its modus operandi by inherent idiosyncrasies, or created predispositions, than any other remedy. The modes of giving it adopted were by the stomach, the cavity of the abdomen, and by the jugular vein. When given by the stomach it produced vomiting, and was thrown back generally before a sufficient amount to produce death could be absorbed. By dissolving and largely diluting it with water, a sufficient quantity was absorbed to produce death, in this manner, in one instance. In almost all of the experiments with it by the stomach, however, the œsophagus was ligatured. When dissolved and given by the *stomach*, its first effects were observable in about twenty minutes, sometimes shorter or longer, and death resulted in from one to thirty-six hours, usually in four or six. An empty stomach facilitated its operation greatly. When injected into the *peritoneum* in full doses (40 grs.) its effects were appreciable in from four to six minutes, and death occurred in from thirteen to thirty minutes. When injected into the *jugular vein* (in giving it by this mode great care was taken to prevent the admission of air), its first effects were manifest in a space of time so short as to be almost inappreciable; not more than a few seconds after the nozzle of the syringe was withdrawn, and death occurred in one or two minutes. In *all instances*, except one, the quinine was dissolved in water by the addition of sulphuric or other acid in quantities barely sufficient for this purpose.*

When the experiments went far enough to produce amaurosis, short of death, the vision was regained after a time. In one instance the dog remained *totally blind* for two weeks, and afterwards regained his vision slowly. This is also a feature in the second case reported in the commencement of this article. The man regained a very useful degree of vision after a short time. From these, as well as other cases of the kind reported, it would seem that amaurosis from this cause is not likely to be permanent.

Though it operated much more promptly when injected into a vein or the peritoneum, yet I did not observe that it operated with more power or force: that is, I did not discover that a given quantity administered in this way would produce death more certainly than when given on an *empty* stomach. 28 grains injected into the cavity of the abdomen in one instance, and 20 grains injected into the jugular vein in another, failed to produce death, yet these quantities *did* produce death in other instances, as well when given by the *stomach, or by these modes.*

The post-mortem appearances were equally uniform with the symptoms before death. The most prominent and characteristic appearances were the *dark*, *fluid* and *defibrinated* condition of the *blood* and the *congested* state of the paranchyma of the *lungs*, resembling very much *red hepatization*. The vessels of the membranes of the brain were engorged, so also were the liver and kid-

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* In one instance where it was made into a bolus and enveloped in a slice of bacon and introduced into the stomach, vomiting occurred in twenty minutes, and a large portion of the medicine returned. Except that it did not produce death, its effects did not differ in this from those observed in other instances where it was dissolved and given by the stomach.

"From all that I can gather, I am disposed to think from fifty to eighty grains of a pure article of quinine, given in solution at one dose, will produce death, nine times out of ten, in healthy adults, and occasionally even smaller quantities. How far its operation may be modified by morbid action is a matter of consideration at the bedside.

We conclude our analysis with the following extract, which contains significant and important considerations:—

"I will not accuse any member of the profession of a want ot common honesty in not reporting the fatal cases from the poisonous effects of quinine, which may have occured under his observation, but all the circumstances constrain me to believe that many results of this kind have occurred of which the profession have never been advised, and that it has often been the cause of injury and even death, when its agency has not been recognised, especially in the hands of those who were prepared only to witness its salutary operation. A fatal case is reported in a number of one our medical periodicals as descriptive of a form of congestive fever, which it is alleged the quinine *failed to cure*, but which, to my mind, *it most clearly produced.* The valuable paper by Professor S. H. Dickson, so often referred to here (*Southern Journal of Medicine and Pharmacy,*) contains some valuable hints touching this subject. In one paragraph he says' "look for its injurious operation upon the human system, as displayed in a set of phenomena closely resembling the series of symptoms which characterize the very class of fevers in which it is most clearly indicated," &c. And, when it is said of the unfortunate Dr. Bazire, that "il voyait avec effroi la maladie triomphante, et la puissance de son remide, qu'il croyat infaillible, trop souvent inefficace," who can doubt, after knowing the doses in which he employed it, that this "power of his remedy" *produced* the very state of things which he blindly persisted in believing it would relieve if only given in sufficient quantities, until, with this wild, though honest conviction, he doubled for himself the already fatal dose. Perhaps in other places, as well as in Martainville,* we would have fewer cases of "*malignant fevers*" it quinine was used with more moderation.

The injunctions of cautiousness in the use of quinine, which Dr. Baldwin's paper is calculated to enforce, are, in our opinion, timely and judicious. That this drug possesses remedial powers not as yet adequately estimated by a considerable portion of the profession, we firmly believe; but, we are not apologists for the large doses that some practitioners profess to employ. Several years siuce we had an opportunity of making some experimental obserdoes not seem to possess any hypnotic properties; in this it differs from most of the substances included under this head. I do not mean to touch the much agitated question of the mode of its remedial operation, but desire to speak of its poisonous action only; and, on this head will only add, farther, that its operation seems to be principally upon the nervous system, as is clearly demonstrated in the derangement of the senses of vision and hearing, and respiratory functions, as also in the general muscular agitation, convulsions, &c. As it has been detected in the urine there can be no doubt but that it enters and mixes with the circulating masses of the body, and through this means exerts a *direct* influence upon the nervous system, which, as we have seen, is *eminently* excitant when given in quantities calculated to destroy life."

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* Dr. Bazire's residence.

To illustrate the excessive boldness with which the Quinine has been used by some practitioners, the following quotation is given from an article by Dr. Dickson, in the Southern Journal of Medicine :

"A medical friend in Alabama assures us that he had administered *thirty grains* of the *solution* of quinine *every hour* for *seventeen scccessive hours* ; and we have heard authentically of a western physician, who emptied into the stomach of a patient laboring under billious remittent, *an ounce bottle* of s. quinine *in one night*. From thirty to fifty grains are now spoken of, as not unfamiliar doses, and even one hundred grains are occasionally given at once, and, we are assured, both with safety and striking success. It is in France, however, that the largest amounts of this salt have been employed. Guersent and Revillon speak of a Dr. Bazire, as having been remarkable for his enthusiastic and exclusive confidence in quinine as a remedy for the violent and pernicious intermittents of the department in which he practiced. Madame Bazire being seized with the prevailing malaria fever, took from him "in a very short space of time," 240 grains (16 grammes) of s. quinine. Soon after, the symptoms increasing, he gave her at one dose, 375 grains (25 grammes) more than three fourths of an ounce. At this juncture, fortunately for her, he fell sick, and the care of her devolved on other hands. He hastened to administer to himself, by the mouth and by the rectum, 900 grains of the sulphate of quinine, (60 grammes,) nearly two ounces, in a very short space of time ; and still further took during the space of eight or nine days, five ounces. He died a martyr to his reckless and implicit reliance on the drug ; and she recovered imperfectly, having been for a long time, both deaf and blind, the senses both of sight and hearing still remaining feeble."

The opinion of Dr. B. as to the dose in which the Quinine will be liable to produce fatal results, is contained in the following paragraph :—

secure against serious practical errors, and that remedial agents are capable of being abused, is to concede nothing to the prejudices of the few who would depreciate its validity and usefulness. Medicine can afford to confess that it is a progressive science, constantly advancing as we believe and know, but, yet, far from that point at which its utmost capabilities will be realized. It is for the ephemeral systems which thrive for a brief period upon the credulity and ignorance of mankind, to assert claims of having attained all that is attainable. Such arrogant pretensions are soon discovered to be false, but this unfortunately does not prevent the rise of new delusions upon the ruins of those which have had their day and are forgotten. The *marvelousness* of a certain portion of mankind is never exhausted, but seems to increase by each successive disappointment, until novelty alone is a sufficient recommendation for the transient currency of any new absurdity or fraud.

But to return from this digression, it often happens that the tendency of the mind to oscillate between extremes, results in the final neglect or abandonment of valuable remedies. Instances in illustration will occur to the minds of every practitioner. Believing, as we do, that the Quinine is possessed of very great and extensive powers in controlling certain morbid actions, we hope that its use will be such as more and more to define the nature and extent of these powers, and not to develop evils, which, by favoring the prejudices of the public, and creating in the minds of physicians an undue timidity in prescribing it, will lead to the curtailment of its safe and useful availability.

ART. III.—*Cases of Inhalation of Ether in Labor.* By WALTER CHANNING, M. D. Second Edition, Boston, published by White and Potter, Chronotype Office, 15 State St., 1847: 12 mo. pp. 44.

The last number of our Journal contained an account of several cases of the Inhalation of Ether in Labor, communicated for the Boston Medical and Surgical Journal by Walter Channing, M. D., Professor of Midwifery in the Mass. Med. College. These cases, together with a few others occurring subsequently to the communication referred to, have been collected and published in a neat pamphlet form, under the above title. Such has been the demand for the publication, owing to the general interest felt in the subject, that the first edition was speedily exhausted, and a second called for. To Prof. Channing is due the merit of being the first in this country to report a series of experimental investigations of the applicability of Ether in Midwifery Practice; and it is fortunate for the subject that it is in the hands of one so competent and judicious. Our commendations of course can add nothing to the high reputation which Prof. C. has long enjoyed as a teacher and practitioner, but it may not be so well known at a distance from the place of his abode, that his philanthropic zeal is not less than his professional ardor. We can well imagine that his interest in this subject has been in no small degree owing to its humane bearings, and we are well assured that to be instrumental in the alleviation of human suffering, would possess for him more charms than that distinction arising from purely scientific researches.

To divest Labor of suffering, or, even, to provide safe and efficient means for its mitigation, is certainly a consummation devoutly to be wished. With the facts as yet before the profession, however, it would be presumptuous to hazard an opinion as to the extent to which these ends are attainable by the inhalation of ether. The observations of Prof. Channing demonstrate that it may be successfully employed in this way, nor have any unpleasant consequences been thus far reported. But, as Dr. C. intimates, we have not facts enough at present to afford any general deductions as to the extent to which it may be safely and properly made available in midwifery. We trust that Dr. C. will continue his investigations, and that others will contribute facts; but, at the same time, we would enjoin upon all who make trial of the Ether under these circumstances, to observe the utmost prudence and care, so as to avoid, if possible, accidents, which may diminish, or prevent its usefulness, by rendering practitioners fearful of employing it when it would be perfectly safe. The preface of Dr. Channing's pamphlet contains remarks so philosophical and pertinent in their relations to the subject, that we make no apology for transferring them to our columns. It also embraces some observations which were made after the publication of the first edition. We copy the preface entire:—

"In publishing another edition of this pamphlet, I beg leave to call the attention of the reader to the cautions which are given in it in regard to the trials of Ether in Labor. As has been said at home and abroad, these trials are to be regarded as "experimental." Time is to determine what is to be the precise place of this agent in midwifery practice. I have heard of trials by different physicians in this city and neighborhood, of Ether in Labor. In one case, in which it was used during the process, it was afterwards inhaled to relieve *after pains*, from which the patient had in former labors suffered more than in the pains of delivery. It was fully used, and was very successful. In four cases in the hands of another physician, its power over pain was very striking. In one more so than in any one I have met with. The patient was a feeble person, and after a previous labor had been in great danger from puerperal fever. This patient was as quiet, as perfectly at rest while *etherized*, and while efficient pains were present, as if she had been in sound sleep. Her child was born without the least consciousness on her part of the fact. She recovered perfectly well. In one of these four cases severe hemorrhage occurred in about an hour after delivery. Its effects were of some hours duration. She had a perfectly good recovery. I have heard of many other instances in which ether has been used, and have very rarely learned of any untoward results. The statements have been of great relief from suffering and entire safety. A friend has used it in two cases, in one solely on account of the exceedingly severe character of former labors. The relief was perfect. What is the precise agency of ether in labor, we know not. The time for philosophy has not come. Every case I have seen has been an *individual*. It has had its own characters. It has presented its own facts for observation and study. It is the duty of medical men to put down in writing every case they see, just as they see it. The temptation is to rest satisfied with the wonder which such facts as etherization give birth to. But physicians have a higher function in this matter. The use of ether is related to the most interesting and important physiological processes in nature, and as such should they be noticed, and investigated.

There is duty, and there is labor, in this use of ether. No man has a proper sense of his responsibleness in this matter, who does not regard it in all its relations. He is using an agent which suspends a law of the animal economy. He uses an agent which separates cause and effect, action and pain, in a process in which this relation has been established by universal observation and experience. A process, labor, which has till this day been attended by severer pain, and longer continued than is observed in any other, has been relieved from suffering and in many cases made positively pleasurable. Is not such a fact of the deepest interest, and should it not arrest every mind whose office it is to observe it? But, once more, the use of ether in labor is still in an important sense experimental; many, many trials are made with it every day, but we wait still for the principles. The generalization which is to establish principle, in this as in any other subject of experimental research must come of many facts. Physicians must furnish them. Let caution mark every step of an experiment which has such important issues, and it will be settled, it may be in not many days, what are precisely the rules for the use of ether, both in regard to the cases in which it way be tried, and the best methods of using it.

I understand there has been some disappointment here in regard to the effects of ether in labor. It has not in all trials accomplished what the observations of others have led physicians to expect.—This deserves a distinct place in this early history, and it is most earnestly hoped that such cases will be fully reported.

Would it not be useful to know by whom the ether has been employed in cases of failure, if such have occurred,—exactly how it was used.—what were its principal effects, and what, if any, facts there were in the cases, which might have prevented its ordinary results? Was the full effect produced in these cases? Was the sponge saturated with ether? Was it pure? Was it inhaled until its full influence was experienced by the patient? It has been thought the safest, and best way so to use ether in these and in all cases, as will place the patient fully under its power. After having done this it is perfectly easy to continue the state of *etherization* by very slight inhalations. There is no danger of asphyxia if atmospheric air is properly admitted to the lungs, as through the sponge when that is used, or by the immediate mixture of the air with the ether vapor, as in the inhaler. Has this been the mode in which ether has been used in the cases of its alleged failure, or imperfect action? It is exceedingly important to have such cases most fully reported. Has not the negative evidence as much, nay has it not more value, in so important a matter as this, than has the positive. Is not the demand a reasonable one, which has for its object to obtain reports of these cases,—of all the facts in all cases?

It is occasionally found that patients from doubting the use of ether to prevent pain, from fear of the result, and from other considerations, have refused to have it employed in their cases. This of course is to be expected in this early day of its trial, and is not to be regretted. I am told that there are physicians who absolutely refuse to employ ether in midwifery practice at all. They have no confidence in its powers, and will make no such trials with it as might reveal to them what those powers are, or support them in their opposition to it. This mode of viewing the subject comes of a peculiar moral or intellectual idiosyncrasy which absolutely prevents such men from seeing things as do others, or of wishing to see them by experiment, however easy, and however safe, such trials may be. It resolves into denial where there are no facts to determine the judgment,—into reasoning, without any true use of reason. It is not to be regretted that this fact in the history of etherization exists. It says of it just what has been said of, and to all other discoveries, and frequently the most important, and so allies it to them all. Let those who have tried ether in labor, continue to try it when the circcumstances of cases demand, or authorize its use, and with the caution which such a duty involves; and that doubt, which, in the instances in which it now exists seems most authoritative, may pass away, and the authority come to be on the side of the remedy of pain.

Shall ether be used in all cases, or do you mean so to use it? are questions which are frequently asked. For myself, I answer no. Cases of labor have come under under my care since this pamphlet was published, in which the process was allowed to proceed without the agency of ether. Two of them were cases of consultation, and were both first labors, and of nearly forty hours continuance. I saw no reason for interfering. One of the cases was rapidly advancing, and the other was aided by ergot. The pains were not so severe as to lead the patients to ask for means which might make them less; or incline them to use the means when named. The time will very probably come when the question propounded in the beginning of this paragraph will get a different answer. A proper use of our present knowledge authorizes the one given above.

Since writing the above a case has come under my observation of the application of ether, which may not be out of place in this portion of this pamphlet, though not belong to its proper subject.—I give it as an *individual* case. It is a single instance of the use of ether in a disease in which I have not heard that it has been before used.

Miss ——, aged 26, was seized on Sunday, July 4th, 1847, with very severe pain about the root of an incisor tooth, which had been cut off seven years before, and to which a tooth had been attached by a pivot. The pain became so intolerable in the afternoon that she had the tooth removed. This gave no relief. The pain continued through the night and the next day, Monday, July 5th.—Through that whole day the pain continued so that she used up an ounce of laudanum, applying it constantly by means of cotton to the tooth, and to the neighboring parts. At about 11, P. M., the pain suddenly ceased, and she was very soon after seized with vomiting of a most distressing character. The attacks occurred at intervals at from ten to fifteen minutes, and at length had complicated with them severe cramps of the extremities, more especially the hands, which were also numb, and with strong cramps of the abdominal muscles. The suffering was so intense that as many as five persons were required to be with, and aid her. I was called in consultation by the family physician about 9, A. M., July 6th.

There had been a somewhat longer interval from the preceding attack of vomiting when I arrived at the address. But the cramps were very severe, and being so extensive presented a case of great suffering. She vomited while I was present. The effort was violent, but followed only by a little mucus, or a little bitter, and occasionally acid fluid. I prescribed the hydrocyanic acid, and left her, to return after making some medical visits. I did so, and took witn me ether, and a sponge for its inhalation. I found she had vomited the acid about fifteen minutes before I arrived, and was still suffering from cramp. This was about 10 o'clock, eleven hours from the beginning of the disease, during which time she had suffered most severely, and had not slept at all.

I suggested the use of ether. The physician in attendance acceded to the proposal, and it was inhaled. The following was the condition of the patient: Stomach quiet. Cramps and numbness present. Pulse 48. Respiration natural. Complexion and temperature natural. Tongue clean. Head clear. Pressure over region of stomach, and over abdomen generally, gives no pain.— The sponge was well saturated. At first the breathing was embarrassed by the vapor, and slight choking was noticed. This however soon passed off, and she inspired the vapor freely. In about a minute she became perfectly still. Her breathing was hardly perceptible. Her countenance had the expression of perfect repose. The color was as before inhalation. Her pulse was 96. Breathing slow, but sufficiently deep. Temperature as at first. I asked her to open her eyes. An ineffectual attempt was made, the lids scarcely parting. I asked what were her feelings. She made no answer. The sponge was removed, and she remained in this state some minutes. She now roused up. Said "how sick I am! that ether makes me sick." She soon vomited. The effort was very strong, as strong as any previous one, producing much distress, but accompanied by *no cramps;* only a slight *numbness* of the *hands.*— She hardly complained of it. At length the vomiting ceased.— The numbness, and all disagreeable sensations, passed away. She had a threatening of retching once afterwards; but which was only expulsion of flatus. To quiet the stomach, ice in a towel was now applied freely to the epigastrium and left hypochondrium, and with marked comfort. Ice was also urgently demanded to be held in the mouth. It was exceedingly grateful. I left her between 11 and 12 so much relieved that I believed the disease had subsided, and improvement was constantly advancing. The pulse was again 84, and though some paleness was present, and some faintness complained of, I felt she was doing well. I saw her again nbout 1, P. M., and found good progress had been made. Nausea, cramps and numbness, had entirely left her. She enjoyed the ice greatly, and asked for nourishment. I left her and was to learn if any return of vomiting. oe any other trouble occurred. She expressed her gratitude for the relief she had derived from the use of ether.

July 7th, 10, A. M.—Patient remained comfortable through the day. Restless at night, suffering much from the great heat of the weather and from a rash which has appeared extensively on the skin. It should have been said before that a rash was abundant on Sunday the 4th, and disappeared with the pain in the face, on Monday evening, just before the attack of vomiting and cramps. Was never troubled with this skin disease till since a very severe and dangerous attack of the erysipelas, some months ago. Rash now on face, neck and back. Skin hot. Pulse full, not very frequent. Tongue coated. Thirsty. In short is very much as she before has been during attacks of rash. There has been no trouble of the stomach, no cramps, no numbness, since the speedy relief which followed inhalation of ether yesterday. Expresses more fully than before how much she feels indebted to inhalation.

Ether in this case was used on account of the violence of spasm, cramps, which constituted its chief suffering. Cramp did not happen once after its use."

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

On the treatment of Chronic Inflammation of the bladder by injections of nitrate of silver. By ROBERT L. MACDONNELL, M. D. Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Lecturer on the Institutes of Medicine, M'Gill College; Physician to the Montreal General Hospital, &c.

I believe it will be generally admitted, that of all diseases, few occasion more anxiety and embarrassment to the medical practitioner, or are productive of more misery and suffering to the afflicted patient, than chronic inflammation of the bladder; the conseqence of previous disease of the urinary apparatus, as gonorrhœa or stricture, or as a primary affection produced by other and more general causes.

In either case, when once fully established, it entails the most excruciating suffering on its victim, prevents him following his usual avocations, debars him from society, and not unfrequently produces death, either from the morbid action extending to the ureters and kidneys, from ulceration corroding through the walls of the viscus, or from the exhaustion of the system it is certain to induce.

In a disease of such importance, it is only to be expected that numerous remedies should have been proposed for its cure, and consequently we find agents of various natures strongly recommended by practical writers, yet they all admit the difficulty attending the treatment of the malady, and the failure that has followed the use of their favorite remedies.

Some years ago, Mons. Lallemand, the eminent professor of Montpellier, discovered, accidentally, the great value of nitrate of silver in chronic inflammation of the bladder, and the utility of this plan was shown in a paper by Dr. O'Bryen, in the fourteenth volume of the Dublin Medical Journal. But this gentleman does not appear to have had any personal experience of its employment, and moreover, he confines his remarks to use of the solid nitrate, the form preferred by Lallemand.

I am not aware that he has done more in this matter than introduce to the notice of British surgeons the views of the distinguished professor.

When a student of the Richmond Surgical Hospital, Dublin, I had an opportunity of seeing my friend and former preceptor, Dr. Hutton, (to whom I am indebted for much information that I have found valuable in my profession,) inject the bladder with a weak solution of nitrate of silver, but as this had (if I recollect rightly) but little effect upon the disease, the practice was abandoned in the hospital, nor have I since either seen it employed or heard of its being employed by any one but myself, and I can find no mention of it in those valuable records of medical practice—Braithwaite's Retrospect, and Ranking's Digest, or in the recently published Systems of Surgery.

Having met with some cases of chronic cystitis, that resisted general treatment, and bearing in mind the great success which attended the application of nitrate of silver in substance, in the hands of Lallemand, I determined to give the remedy a further trial in the form of solution, and the success I met with, has far surpassed my most sanguine expectations; I have now no hesitation in stating, that as far as pure uncomplicated chronic inflammation of the bladder is concerned, that the opprobrium has been removed from surgery, and that we do possess a method of treatment followed by a greater amount of success than usually attends remedies employed in diseases of so severe and intractable a nature. and infinitely greater than attends the use of any remedy in a disease hitherto considered by the first authorities as incurable.

In proof of this assertion, I shall adduce four cases, two of which occurred in my private practice, and the other two were witnessed in the wards of the Montreal General Hospital, by a large and intelligent class. I could adduce others, but these I bring forward sufficiently support the views I am anxious to inculcate.

Case 1.—A genntleman cousulted me last February, under the following circumstances:—He had suffered for some months from inflammation of the bladder, marked by frequent desire to pass water, accompanied by heat and scalding, violent straining, pain in the region of the bladder, above the pubis and in the perinœum, and a constant feeling of heat and weight in the lower portion of the abdomen. There symptoms gradually increased in severity. The urine became at first bloody, and afterwards purulent, and the desire to void it became so urgent, that it had to be yielded to, at least every fifteen minutes; the discharge of the fluid being followed by pain and scalding at the neck of the bladder, and along the course of the urethra. His general health became impaired, and his sleep being so frequently disturbed, a haggard and anxious expression of countenance, and extreme irritability of the system, were soon established.

When he first consulted me, fully one-half of the fluid passed from the bladder was pure pus; and after repose, a deposit of blood globules was found to intervene between this and the supernatant urine—the latter being highly alkaline, fœtid, and albuminous. Examined microscopically, it exhibited some scales of nucleated epithelium, a large deposit of triple phosphate in prismatic crystals, pus, and blood globules. There was no pain in the loins or along the ureters. He had a stricture of long standing, about one inch from the orifice of the urethra. In addition to the above characters, the urine was frequently mixed with tenacious masses of lymph varying in length from half an inch to an inch, and entangling a quantity of earthly matter, they frequently obstructed the passage of the urine through the stricture, and required to be broken up and squeezed through by the pressure of the patient's fingers.

Having dilated the stricture, so as to allow a large sized catheter (No. 11 Weiss) to pass, I determined to treat the disease by injections of nitrate of silver; and accordingly, on 17th of February, I injected into the bladder a lotion composed of eight grains of lunar caustic, two drachms of tincture of hyosciamus, and four ounces of distilled water.

The injection caused hardly any inconvenience, except that of inducing a strong desire to empty the bladder, which was prevented by compressing the penis, until the fluid had been in the bladder for about one minute, when it was allowed to escape. The next day, the patient stated that he was somewhat better, but the quantity of pus and blood was not, however, much diminished, and the flakes of lymph were more numerous and larger than before. Although he continued improving, yet, as the amendment was not as rapid as I anticipated, injection of the viscus was again resorted to on the 5th of March. On this occasion, the quantity of caustic was increased to sixteen grains in the four ounces of distilled water, and the hyosciamus was omitted. A decided improvement immediately followed; the frequency of making water was greatly diminished; instead of requiring to be voided every fifteen minutes, the bladder could retain its contents for more than two hours at a time, and the quantity of pus had greatly decreased. An injection, of the same strength, was again employed on the 28th of March, and with happy results. The urine could now be retained for three or four hours, was passed without pain or scalding, was clear and transparent, and, to the naked eye, free from pus; but, when examined microscopically, a deposit of pus globules and some epithelial scales were perceptible. On the 18th of April, I repeated the injection, and since then he has been completely free from any symptoms of his troublesome disease; he has resumed his former mode of life and pursuits, and has been subject to various changes of temperature whilst travelling, without experiencing the least return of his former symptoms.

I should mention that, pending the treatment for the cystitis, he had a severe attack of laryngitis ædematosa, which was near proving fatal.

Case II.—Mr. ——, aged 33, consulted me, July 22, 1847. He stated that four years ago, after exposure to severe cold, he began to suffer from difficulty in making water, and from pain referred to the region of the bladder, and extending along the urethra. At first, he was not obliged to empty the bladder more frequently than usual, and the urine was unmixed with either pus, or blood. About three years ago, however, the symptoms just mentioned having existed for twelve months, he began to suffer from a constant and severe pain at the neck of the bladder, above the pubis, and in the perinœum, greatly increased by pressure and exercise. These symptoms have been gradually increasing in severity up to the present, although he has been for four years under the treatment of different practitioners in this city. He now suffers from a constant burning sensation in the situations just referred to, and an excruciating pain in passing water, which he is obliged to do every fifteen minutes; the quantity voided on each occasion not exceeding a teaspoonful.

On examination, the urine was found to be abundantly mixed with pus, (in an eight ounce phial there wns an ounce and a half of pus and mucus,) with large quantity of blood globules, highly ammoniacal in odour, albuminous, and on being subjected to a microscopical examination, it presented an abundant deposit of triple phosphate in prisms, and epithelium.

In this case, I commenced at once with an injection of sixteen grains of nitrate of silver in four ounces of distiled water. The immediate effects were, the disappearance of the pain which had been constantly present for three years; the urine was passed without any heat, scalding, or uneasiness; and the necessity for emptying the bladder became less frequent; the quantity of pus was much diminished, and no more blood was observed in the deposit, and his nights were passed in ease and comfort.

About a fortnight after, the bladder was again injected with the same quantity of the solution of nitrate of silver, and the improvement which followed was equally remarkable. The urine can now, August 27, be retained for nearly, the usual length of time; it contains barely a trace of pus, and is voided without the slightest pain.

His nights are spent in comfort, his strength has greatly increased, and he has gained flesh. Finding himself so much improved, he has gone to the country for change of air, to expedite his cure. Even should some of the symptoms return, owing to the suspension of the treatment, I have no doubt they will quickly disappear after a third injection of the caustic is had recourse to.

Case III.—A man, aged 26, a laborer, was admitted into the Montreal General Hospital, laboring under paralysis of the lower extremities, the result of a severe injury. In addition, it was discovered that he had lost the power of emptying the bladder, and that the urine was mixed with a quantity of tenacious fœtid mucus and pus.

He remained in Hospital for some time before he came under my care, and then the following was the condition in which I found him:—Loss of motion and sensation of both lower extremities; inability to empty the bladder completely, but yet not requiring the catheter; the urine was constantly dribbing away, when he assumed the erect posture, was highly offensive, mixed with a large quantity of pus, mucus and blood, aud crystals of triple phosphate. It is unnecessary to detail the particulars of the treatment employed for the restoration of the power and sensation of the limbs. Suffice it to say, that after some time, the sensation was completely restored, and he had acquired sufficient power over the limbs to enable him to walk about the wards, but no improvement was observed in the character of the urine. The notes taken by one of my pupils, state, that "the urine was half pus, and caused great pain and scalding in passing."

January 3.—He was ordered the following mixture:—℞. Infus. Buchu ℥ vss. Tinct. Buchu ℥ i. Bals. Copaibæ, Liquor Potassæ, Tinct. Hyosciam *aa* ℥ ss—one ounce three times a day.

Jan. 7.—The quantity of pus had diminished to about one-third, and he was directed to continue the use of the medicine.

Jan. 21.—As the quantity of pus had not perceptibly decreased since last report, I determined to employ injections of nitrate of silver, and as the disease had received a notable check from the internal remedy, I did not consider it necessary to use a stronger solution than one grain to the ounce.

Jan. 22.—The urine was much clearer, and the deposit of pus was less by one half than previous to the injection, and he could retain the urine for two hours.

Jan. 28.—The bladder was again injected, and next day no deposit was exhibited, and the urine was almost as clear as natural.

This man, soon after the last report was taken, was attacked with maculated typhus, and passed through the disease without suffering the slightest inconvenience from the affection of the bladder; and throughout, the urine exhibited a healthy character, even when examined microscopically.

The case I am now about to detail, I have already published in a paper "On the Use of the Microscope," in this Journal, and I shall now introduce it as if then appeared:—

CASE IV.—A strong, healthy man, aged 20, who had been under the care of my colleague, Dr. Hall, in the Montreal General Hospital, for gonorrhœa, and was discharged cured of the complaint, came to me about a month after his dismissal from hospital, complaining of frequent desire to make water, and of pain and difficulty in doing so. As there was no discharge whatever from the urethra, I thought it advisable to pass a catheter, and not meeting with any obstruction, I collected the urine drawn off by it, and examined it at the moment. It was slightly acid, spec. grav. 1024, at temp. 72° Fahr., coagulated on addition of nitric acid, and yielded an abundant exhibition of pus globules on examination with the microscope. Having no symptoms referrible to disease of the kidneys, I treated him for cystitis, and with decided benefit at first, but as he had not a comfortable residence, and was obliged to walk a great distance to my house, in the late hot weather, I recommended him to enter the General Hospital under my care. Here I had frequent opportunities of directing the attention of the students to his case. The urine being again examined, exhibited not only a deposit of pus globules, but also of blood globules. Notwithstanding this unfavorable complication he was discharged about five weeks after admission perfectly cured.

In this case I injected nitrate of silver solution into the bladder; the quantity of pus immediately diminished, and after the third injection, completely disappeared. The microscope was of the greatest aid to me in every stage of this interesting case.

I introduce this case for the purpose of showing that the injection of a solution of nitrate of silver into the bladder, is not only of use in cases which could have been cured by other means, but that it is eminently successful in those instances which have resisted the most valuable general remedies.

In the foregoing observations, I have made no mention of the method of injecting the bladder which I have found most efficient. I will now make a few practical remarks on the operation:—The patient being placed either in the erect position or on a sofa, a gum elastic catheter, about the size of No. 9 or 10 (Weiss,) is introduced, and water at the temperature of 98° Fahr., is injected through this into the bladder, by means of a caoutchouc bag, or what I prefer, a syringe, with a "three-way valve," by which the fluid can be drawn back from the cavity of necessary. After the bladder has been completely cleansed of any fœtid urine and mucus which may be contained in it, the solution of the caustic, being heated to the same degree, is to be introduced in a similar manner, and allowed to remain there for about one minute, care being taken by compressing the urethra, to prevent its being forcibly ejected by the viol straining that is certain to be induced. The quantity of water solution should never exceed four ounces, for though the bladder in its healthy state is capable of containing nearly a pint and a half of urine, without being over distened, yet as the quantity it is capable of retaining in severe chronic inflammation seldom exceeds a few tablespoonfuls, the bladder accommodates itself to its diminished contents and gradually becomes smaller, and consequently a large injection would act injuriously in two ways—by over-distending the organ, or by passing up into the ureters. In fact we find it unnecessary to use a larger quantity of the solution than I have mentioned, for it requires some address to introduce even that amount without resorting to force. The patient is then ordered a warm bath, and should the urine become bloody or mixed with shreddy concretions, he should use frequent fomentations and anodynes. But these symptoms seldom last for more than a few hours, and our patient should always be informed that such consequences are likely to be the immediate effects of the operation.

My patients have not suffered from retention of urine, which it appears frequently follows the use of the solid nitrate in the practice of Lallemand, nor have they had any inconvenience which was not readily allayed by an opiate.

The advantages which I consider the solution of nitrate of silver possesses over that substance in a solid form are, First, that we can employ it of various strengths, from one to four grains, or even stronger if necessary. Secondly, we are certain that the application comes in contact with the entire diseased surface. Thirdly, we are also satisfied that it does not act more violently on one part than another. Fourthly, it is more readily employed by an inexperienced operator; and above all, in cannot possibly be attended with any risk. from the apprehension of which, it is not easy to divest the mind, when using the *porte caustique* of Lallemand, and together with the above advantages, it has this also to recomend it, that it will be found at least equally successful.

The foregoing observations apply altogether to *severe chronic inflammation of the bladder;* acute inflammation and mild cases of chronic catarrh of that organ, are manageable by other means, to which it is unnecessary to allude.

In the treatment of these cases, we derive great assistance from the microscope, for long after the naked eye fails to detect pus or blood in the urine, these fluids are recognizable by the microscope, and so long as they are present, our treatment should not be relaxed.

I have intentionally avoided alluding to the general treatment of chronic cystitis, and have omitted some other practical points, to which I shall probably direct attention at some future period.

51, Great St. James' Street, Montreal.

[*From the British American Journal of Med. and Phys. Science.*

Ship Fever at the Bellevue Hospital.

To the Editors of the New-York Journal of Medicine.

Dear Sir,—In compliance with your request, I send you the enclosed brief statement of my observations and experience at Bellevue Hospital, during the late prevalence of Ship Fever. in the midst of which I was appointed to the charge of the establishment, in May last.

Your readers are doubtless informed of the immense influx of pauper immigration into the port of New York, especially from Ireland, during the present year. Their impoverished condition by reason of the famine at home, had superinduced a morbid *predisposition*, which only needed an *exciting cause* to develope those functional disturbances, which characterize fever. Their circumstances on ship-board, being crowded together between decks, to an extent little short of that said to be resorted to in slavers ; short of provisions, and even of water ; without the possibility of cleanliness or ventillation ; presented a combination of morbid agencies which could scarcely fail to generate, not merely fever, but *pestilential fever*, in some malignant form. Amidst such accumulated filth and wretchedness, it is not at all wonderful that such frightful reports of disease and death should herald almost every arrival ; nor could it reasonably be expected otherwise, than that our hospitals and almshouses should be filled with the sufferers, borne thither on landing, either already sick, or so deeply infected as to render escape from an attack of fever scarcely possible.

Such has accordingly been the fact, and to an extent which may be estimated from the following statistical items, prepared from the best data found in the hospital.

From the 1st of January, 1847. to May 25th, this hospital was under the charge of my predecessor in office, who admitted during this period 769 cases, many of them direct from ship-board. Of these, as appears by the record, 306 were discharged cured—154 died, and 309 remained in the hospital under treatment, a large proportion of whom were nearly moribund, when I assumed the charge as resident physician.

At that time, May 26th, there were over 800 patients in the house, 309 were suffering with ship fever. Cases of the latter description were then admitted at the rate of 60 to 80 of per day, so that within a week or two, notwithstanding deaths and discharges, the number had increased to 1147 in the hospital, over 600 of whom were ill with the ship-fever.

With this large number, being so much beyond the capacity of the hospital buildings to accommodate, and alike beyond the available resources of the establishment, to furnish immediate supplies, very great suffering, and appalling mortality were unavoidable, until other and more extended facilities could be provided. The crowd ed state of the wards, which could not be adequately ventilated or even cleansed, had already resulted in developing an *endemic* atmosphere, for only in confined and impure air is this fever ever infectious. The proof that it had become so, was seen in the fact that a majority of the medical assistants had already sickened, and one of them had died. Many of the nurses were sick and some of them dead. Moreover the adjacent alms-house building, with a population of 1500, began to give proof of having become infected, no less than 17 cases of the identical form of fever having occurred within 48 hours, some of which were rapidly fatal.

Under these appalling circumstances, 80 tents were pitched upon the adjacent green, and were immediately filled with the patients from crowded wards, which thus admitted of being whitewashed, cleansed and ventilated. A number of shanties in the yard were soon filled in like manner and for the same purpose. By these and the like extemporaneous devices, ample room was provided for the increasing number of patients, and a thorough purification of the apartments was attained. And here, as in other cases, it was soon demonstrated, that the patients who were removed into the open air immediately improved, and a very large proportion of them soon recovered. The new cases were very generally placed in the tents, and my records show that over 200 cases were discharged cured from the tents, no one of whom had entered the walls of the hospital.

But to return to the statistics of the hospital. It appears by the books that from May 25th to August 3d, 1847, there were admitted into the hospital 917 cases of ship-fever, which, added to those remaining in the house, makes the aggregate of cases treated within that period amout to 1226 during about ten weeks.

By a table, prepared August 3d, the following results are furnished, viz. :

Discharged cured, - - - - - - - -	724
Died, - - - - - - - - - -	193
Convalescent, - - - - - - - -	129
Remaining under treatment, - - - -	180
Whole number as above, - - - -	1226

From these respective data, the whole number of cases of ship-fever admitted into this hospital since Jan. 1st, 1847, has been 1995, of whom 347 have died, which latter number gives the aggregate mortality, down to Aug. 3d, the date to which the calculations have been made. It gives an appalling aspect to the fever, but furnishes no just criterion of the necessary fatality of the disease, nor of its want of amenability to judicious treatment; as appears from the fact that a very large proportion of the cases were brought in suffering under the profound coma which characterizes late periods of the disease ; and still worse, very many were moribund when they ached the hospital. No less than 17 died during one week, within four hours after admission, while four, during the same week, were dead before they could be carried to their beds. The folly and inhumanity of sending dying persons in a heavy carriage over the rough pavements, to so distant a hospital, must be painfully obvious, extinguishing, as it often does, the spark of life which remains, and which else might possibly be revived.

The following extracts from the weekly reports since May 26th, 1847, though they include deaths from *all diseases*, may aid in arriving at the comparative mortality, before and after the cleansing and ventilation of the hospital, and the removal of hundreds of the sick for treatment into the open air; a measure resorted to in this instance from necessity, but found highly salutary and useful, especially in the management of ship-fever.

	No. of patients.	Deaths.
1st week, - - - - - -	1142	71
2d " - - - - - -	1020	59
3d " - - - - - -	956	35
4th " - - - - - -	985	39
5th " - - - - - -	981	41
6th " - - - - - -	956	38
7th " - - - - - -	937	30
8th " - - - - - -	947	31
9th " - - - - - -	868	25

During this period, the cases of ship-fever numbered about one half of all the diseases in the house; and differing but little from this ratio in the proportion of deaths, showing that the mortality, of late, is not greater than that resulting from other diseases.— Since Aug. 3d, the cases of fever have been diminishing rapidly, and the whole motality of the hospital has not exceeded 18 weekly. At present, Aug. 23d, there are not more than 50 cases of the fever in the establishment, the most of these having been landed at Quebec, whence they have found their way to this city, and these less malignant and dangerous than those we have heretofore treated.

This subsidence of the fever, so that the discharges now exceed the admissions, has reduced the aggregate of patients below 700, so that the tents have now been emptied, and I find ample room for all in the wards of the hospital; while the comfortable state of these wards, and the encouraging condition of the sick, are sources of no small gratification.

In respect to the peculiar nature and specific character of this fever, the late period at which the patients generally reached the hospital, has precluded very accurate observations. Occasional opportunities, however, have occurred for watching its inception and progress in the persons who sickened on our promises. Many of these came hither from on ship-board apparently in health, but really in a state of morbid predisposition, though latent, which [illegible] after developed itself in an attack of the fever, as well char ized as were the cases which had fully developed the dise board of the same ships. While others occurred among the assistant physicians, orderlies and nurses in the hospital, which were as well marked by pathognomic signs throughout their whole course; nor could they be discriminated in their symptoms, stages, or duration, from those direct from the ships. In the latter examples, it is evident that the malady originated from the pestilential atmosphere generated within our walls, which was sufficiently potent at one time to become both the remote and the exciting cause, the same identical agency being sufficient to produce the predisposition, and afterwards develope the fever.

Nor is there the slightest foundation for the suspicion of any specific contagion in the case, as is seen in the fact that no new instances of the fever have occurred in the premises, since the cleansing, purification, and ventilation of the establishment have been effected; so that the rationale of the infection which was undoubtedly *endemic* here, and had become *epidemic* in the vicinity, must be obvious; and is precisely the same as that existing on ship-board in the instances of sickness and death which have become so lamentably notorious. The want of pure air, of wholesome food, and of pure water, are privations which by a physical necessity generate disease. In a crowded hospital, as well as in a crowded ship, filthy apartments, ill-ventilated wards, and the confined air resulting from the untoward circumstances, have from time immemorial been known to be such violations of Hygienic laws, as will develope pestilential fever. All who inhale such an atmosphere for any length of time became sick, and each sufferer by the morbid exhalations from his skin and lungs contributes to augment the infection, and increase the source of danger to himself and others.—Still worse, if amid such a crowd there be, as is too often the case, a neglect of personal cleanliness, and a failure to remove the morbid excretions, which, if allowed to remain, vastly add to the intensity of the atmospheric poison. Such are the precise circumstances under which, in certain latitudes and given temperatures, *ship*-fever, jail-fever, and *hospital*-fever have been generated and perpetuated. Such a pestilence may be manufactured to order; and may be arrested with equal facility by obeying the laws of Hygiene, instead of violating them. So much for the contagiousness of ship-fever. As to the figment of "contingent contagion," it is only contingent nonsense.

Those who have imagined that in this much-dreaded "ship-fever," there has been any distinctive or specific character constituting it a new disease, or in any sense *sui generis*, must have had very limited opportunities for observing it. Nor is there anything in its pathology or treatment contradistinguishing it from the family of congestive fevers, of which it is a familiar variety, modified, however, by different causes, but always characterized by the same type. Indeed, this identical fever has been annually observed to greater or less extent on board ships, in our hospitals, and in other crowded apartments of our city, inhabited by a degraded population; and it has often appeared in jails, prisons, etc., in various sections of our country.

The symptoms, course and type of the ship-fever here, have been identical with those of that form of malignant disease denominated "Typhus Petechialis," modified in different examples by age, sex, temperament, habits of living, etc., but all bearing the impress of the same cause, proving their absolute identity in nature, though differing in degree. Always congestive, often inflammatory, and very frequently both the one and the other, constituting the mixed fever of modern writers.

In the examples which came under our observation sufficiently early to allow of recording and discriminating its premonitions and development, there was found very great uniformity. The earliest and most prominent symptoms of an attack have been sudden loss of strength, soon followed by a sense of overwhelming debility, while as yet there was no appreciable functional disturbance. A disinclination for food and an inability to sleep supervened, often with great rapidity. The tongue and eyes usually presented the first distinct morbid appearances, the former becoming coated and the latter red and watery, while no manifest febrile symptoms, properly so called, were discoverable. At this period a slight chilliness was often complained of, though not always cognizable. A *full* chill did occasionally occur, but it was but very seldom.—Nausea was very often present, and in a few rare cases vomiting, with or without diarrhœa, seemed to designate the development of the fever. The skin remained dry, and slightly elevated in temperature, while the pulse indicated the presence of indirect debility, though differing in frequency very little from the natural standard for several days, when it usually became accelerated somewhat, and in bad cases soon fell below 70 in the minute.

The most constant characteristics of this fever were great apathy, and apparent indifference to life; sudden and continued deafness; a mental torpor which could not be roused to sensibility, and the absence of all pain, or at least of all complaining, except of weakness, which was universally present throughout the whole course of the disease. Petechiæ, though not invariably present, were very generally so, occasionally over the entire body, but more frequently upon the neck, chest, and abdomen, in which situations they usually were most visible and most numerous. In general these appeared about the seventh day, but often earlier, sometimes on the third day; and I have seen them in great numbers as late as the seventeenth day of the disease, with and without sudamina, especially over the abdomen. The tongue presented very variable appearances, sometimes continuing white and thickly coat throughout, more frequently, however, becoming dry, brown, even black, with occasional sordes, but the latter very rare, e in fatal cases. Delirium was very generally present after the seventh day, followed after a few days by coma, stertorous breathing, and subsultus tendinum, but these latter symptoms were not frequent.

In most of the cases, prior to the occurrence of delirum, a diarrhœa to a greater of less extent was present, which was difficult to control by the usual remedies, when the excretions were biliary in their character; while it readily yielded under other circumstances, to a single dose of castor oil and laudanum. When this diarrhœa ceased, either spontaneously, or as the result of medication, if at the same time the skin was open, convalescence was usually rapid, and a favorable prognosis might be safely made.

Relapses were frequent, even after entire convalescence, but most generally the result of some error in diet. In these the worst cases were those in which diarrhœa recurred, or erysipelatous inflammation exhibited itself. The latter cases were numerous, and sometimes fatal. Extensive suppurations of the parotid and other glands were among the worst sequelæ, and these mischiefs were observed especially with the intemperate, who were so numerous as to greatly augment the mortality of the hospital.

In respect to the treatment of this fever, the could be but very little difference of opinion among practical men, in reference to the majority of those patients received into this hospital, arriving, as they very generally did, in the later periods of the disease. So plainly was blood-letting contra-indicated, that with the exception of a single instance, it was never resorted to by myself or assistants, nor was it even proposed by any of my medical friends who visited us, after inspecting the patients. Cupping was used in a few examples for the relief of local complication, and then always with advantage. But in general the aspect of the case forbade any depletory, or other active treatment. Even a single drastic purge was inadmissible, nor could it be given with impunity.

The successful means adopted by us may be thus detailed. A mild laxative was prescribed, if necessary, in the beginning, after which a dose of the Sp. Mindereri, with or without a grain of Ipecacuana, was given every hour or two, according to the urgency of symptoms, and this course steadily pursued until free perspiration was induced. Meanwhile nutritious drinks were used, such as oat-meal gruel, rice or barley water, arrow root and milk, beef tea, and the like. Ice and iced water were freely used, and when much heat was present, the head,neck, and body were sponged with ice water. Mustard plasters and blisters were used when diarrhœa or delirium supervened, or any indicationt were present of local lesions, or increased debility. So soon as any flagging of the pulse appeared, milk punch, wine whey, or brandy and ammonia were resorted to, and continued so so long as stimulation was called for. These latter agencies had to be used to a very great extent in many cases, and with the best results.

Such was the general course of treatment, modified as circumstances demanded. When the diarrhœa became threatening, injections of nitrate of silver, a drachm to the pint, were found of great value. Dysenteric symptoms were arrested by calomel, opium, and ipecacuanha, with injections of iced water. Erysipelatous complications were treated chiefly with quinine, and mercurial ointment, and occasionally by blisters and nitrate of silver. And so of local lesions, which but rarely occurred, the principles of rational medicine being our guide. The limits assigned me forbid greater particularity or amplification.

The pathological results of this fever, as shown by dissection, will soon be given to the profession in the forthcoming report of the Committee of the New-York Academy of Medicine, from the notes of our excellent friend, Dr. Sabine, who, as one of the committee, has been pursuing that branch of inquiry. I may be pardoned, therefore, for the present, in only indicating what will then appear, viz.: that effusion in the ventricles of the brain was discoverable in almost every fatal case, and this for weeks together, while the autopsies were daily made. The absence of the intestinal ulcerations, which characterize the Dothinenteritis of the French writers, proved that our endemic, at least, has been called Typhoid fever by a misnomer, while the cerebral mischiefs so constantly observed, identify this fever with the other varieties of Typhus fever, being the petechial species of the genus; its malignity and danger having been the result of causes already indicated as accompanying its origin and prevalence.

Should this desultory letter serve your present purpose, written as it has been amid pressing avocations here, you may shortly hear from me again on the same topic, when more leisure shall be allowed me. For any measure of success which has accompanied my exertions in this hospital, I am greatly indebted to the diligence and toil of my assistants, Drs. O'Neal, Wendel, Mott, and Davis, who, with myself, providentially escaped the disease, while all the rest were visited by one or more attacks of fever. I am likewise under many obligations to Dr. F. Campbell Stewart, and Dr. A. V. Stout, who, at the most critical period, volunteered their valuable services and spent weeks with me in the hospital. Many others of my professional brethren, by their frequent visits, their counsel and sympathy in the trying duties to which I have been called, might be worthily mentioned, for all are gratefully remembered. Happily, none of my medical assistants fell victims to the fever, though eight of them were sick, and some of them suffered severe and dangerous attacks. In the treatment, Drs. Chalmers, Cheesman, Johnson, and others of the profession, rendered unremitting and valuable aid. You will forgive me for thus alluding inciden[illegible]ly and gratefully to these "friends in need," though writing f[illegible] Medical Journal, for I should do violence to the impulses of heart, should I refrain. Their kind offices merit a better memorial, and serve to make us prouder of our noble profession.

With great respect, I remain,
Your obedient servant,
D. M. REESE, Resident Physician.

Aug. 28th, 1847.

Prof. C. A. Lee, M. D.

[*From the New-York Journal of Medicine.*

Notes on Medical Matters and Medical Men in Paris. By David W. Yandell, M. D., of Louisville, Ky.

I take great pleasure in transmitting to you the following letter from Dr. Brooks, the young physician whom I have more than once mentioned as being engaged here in the study of Veterinary medicine. I am sure it will be read with interest. The Agricultural Society of Massachusetts is fortunate in having secured the services of an individual capable of devoting himself to the science with so much ardor as Dr. Brooks has manifested in the subject, and every merciful man will respond heartily to the wish so well expressed at the close of this letter, that the profession which holds a respectable position in all other civilized countries may soon find a place among the reputable avocations of our own. It cannot but strike one as strange that the diseases of the horse, an animal so much admired by Americans, and so necessary to the comfort and efficiency of our race, should have been so little studied. The odium which has hitherto been inseparable in our country from the term *horse doctor* will cease when the subject has enlisted such advocates as the author of this letter. I bespeak for it the careful perusal of the readers of the Journal.

My Dear Yandell :

The Veterinary science, after many an age of the most unjust and inconceivable neglect, has at last received from the French Government, a large portion of the favour and honour to which it is entitled. Especial colleges have been established at Lyons, Toulouse, and Alfort, in the northern, central and southern points of the kingdom, whence numbers of intelligent young men, thoroughly grounded in the principles and practice of their profession, and imbued with those sentiments of self-respect and independence which true learning and unquestioned value never fail to impart, are yearly sent forth into society to fulfil, conscientionusly, their honorable and important missions.

The "Horse Doctor," in the English sense of the term, has happily ceased to exist,—and if the medicine of man has not as yet extended a cordial hand to her younger sister, it is that *La Veterinaire* has hardly had time to remove the enormous prejudices which ignorance and habit have accumulated against her, and that a certain feeling of hereditary dislike still lingers between the members of two sister sciences.

But the day is at hand, I hope, when the medicine and surgery of domestic animals shall be united, as in times of old, to that of humanity. The great principles of the healing art never change—their application alone varies. There should be then but one *type* of medical schools, where the universal laws of science being imparted to all alike, their various subdivisions may by natural aid be perfected.

Claude Bourgelat is a name dear, for a thousand reasons, to the veterinary science. He alone foresaw its future utility and glory—the inestimable advantages which it is destined to render, and now renders, to medicine, agriculture, philanthrophy—and only he was gifted with the energy and learning requisite to triumph over the numberless obstacles which obstructed his path. The labours of Bourgelat are almost incredible—naturally fond of the horse, he abandoned, for the sake of this noble animal, a career in which he had just made his debut with the greatest credit, and gave himself wholly up to the study of his qualities, mechanism, and diseases. He revised the works of his predecessors, and exposed their many errors, and he has left to posterity some of the most remarkable treatises, upon nearly every branch of veterinary medicine, which have ever appeared. His opinion is still an authority, and even his faults bear the stamp of his honesty and of his genius. The name of *Claude Bourgelat, the Founder of the Veterinary Colleges of France*, is as familiar to the ears of the French students as are their own names, and his writings adorn the shelves of every well-selected library.

But I almost forgot that I had promised to give you an account of the Royal College of Alfort. I will henceforth spare you all general reflections, and confine myself to my subject.

Alfort is, as you know, a little village situated upon the road to Lyons, about six miles from Paris. The veterinary school, to which it is indebted for its celebrity, contains upon an average some two hundred and fifty students, of whom about seventy-five enter annually, after having been previously subjected to a general, and, I think, insufficient examination. Diplomas, authorizing the title of Veterinary Physician, are conferred upon forty-five or fifty; of this number nearly one-half are destined for the army—entering the several cavalry regiments with the title of *Under Veterinary Assistants*, and with a rank corresponding to that of quartermaster.*

The duration of the studies is fixed at four years; examinations taking place at the close of each scholastic year, to decide whether or not the student is fitted to pass into a superior class, and to enter upon its more difficult pursuits. Such as fail to pass a satisfac examination are obliged to recommence the studies of the which has elapsed, and those that fail twice in the same examination,* are dismissed as wanting in capacity. As these periodical tests are pretty severe, there is always a certain number of *veterans* (as the backsliders are called) in the inferior classes. A student may thus, *a la rigeur*, be compelled to pass eight consecutive years in the college, and may even then fail to succeed in his final examination, and leave without a diploma.

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* Marechal des logis.

Chemistry and physics, in their application to veterinary medicine, botany, pharmacy, anatomy, general and special therapeutics, surgery, and hygiene are the principal branches of science taught at Alfort.

M. Euguene Renault, the Director of the institution, lectures upon Veterinary Jurisprudence, an intimate knowledge of which is all important to the practitioner.†

The hospitals are spacious and well ventilated; they are capable of receiving nearly one hundred patients, at the moderate rate of fifty cents a day each for boarding, medical advice and surgical operations being entirely gratuitous.

Operations are performed either in the open air, or in the amphitheatre, which is lighted from above, and in other respects adapted to the purpose. Their various stages, and the accidents liable to attend them, are thus advantageously seen by a large number of students at a time.

Diseases of the feet, as in the vicinity of all large cities, are very frequent at Alfort; and I think that—thanks to the admirable skill of M. Henri Bouley‡—their nature and treatment are better understood here than elsewhere.

Each member of the superior classes has a patient entrusted to his care, for which he is held responsible, and for the state of which he is periodically called upon to account. There is a stable especially destined for incurable subjects (*chevaux d'experience*), and within still another, situated at the extremity of the park, are confined glandered horses, and such as are affected with contagious diseases.

Vivisections, on an extensive scale, are performed by the students during the summer months; sixteen horses being sacrificed for this object weekly. Upon each animal are performed the capital and minor operations of veterinary surgery, such as lithotomy, extirpation of the fibro-cartilages of the ears, ligature of the carotid and other arteries, all operations on the feet, venesection in various parts of the body, extraction of the teeth,§ etc. Eight students operate in turn upon each subject, when this is practicable; thus, about one hundred operations, of more or less importance, are performed upon each beast; as you may well imagine life rarely lingers to the last. I have no opinion to offer here upon this system, authorized by the French Government, of torturing animals to death, by way of recompense for the services which they may have previously rendered it. The sight is far from being a pleasant one, and its influence upon the minds of the pupils cannot, to say the least, be of a very elevating nature. Are the advantages of the practice sufficient to counterbalance its cruelties? Have we a right to cause one creature to suffer beyond measure, for the benefit of others of its kind—or for our own benefit? The intention of the vivisections is in part to habituate the student to the sight of blood, and to teach him to to be ever upon his guard against unexpected efforts of his patient.

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* Except in rare instances.

† I am about to give in a paper intended for a northern Journal, a sketch of the laws now in operation in France touching the question of *soundness*.

‡ It is to be hoped that this gentleman will ere long publish, what is so much needed, a work upon Practical Veterinary Surgery.

§ This cruel operation is not, I believe, enjoined by the regulations, but I have seen students extract molar teeth, *en passant*, for their own satisfaction.

The museum contains some very interesting objects, that I have not space here to enumerate. The newly elected Professor of Anatomy, M. Gonbaux, will seize, I am sure, every opportunity of adding to its already valuable collection of anatomical and pathological preparations.

The dormitories are in a separate building, which also contains the refectory and kitchens. Each chamber is occupied by six young men. The bed-steads are of iron, (and here I may venture to suggest that it is to be regretted that their use is not more general with us than it is, as well for public schools as in hospitals). Each of its occupants is in turn bound to wash out and keep clean the common room.

There is a botanical garden attached to the institution, in one portion of which the most useful medical plants are cultivated, and in another, those only which are employed in Veterinary Pharmacy.

The dog-kennels are next to the garden; they are sufficiently extensive and pretty well managed. The patients are kept under shelter during the winter season, and in summer they are chained during the day time to the walls of the yard, where they receive the benefit of the air and sun. Affections of the skin, eyes and ears, tetanus, the dystemper and hydrophobia, are among the disorders which I have oftenest observed among the dogs at Alfort. A series of very interesting and curious experiments were instituted last year, with the view of testing the contagion of this latter disease from the dog to other animals. I have seen it repeatedly produced in the horse and the sheep. There are few subjects more important and more interesting than this, and it is probable that we shall have before long from the able pen of M. Renault, the most perfect and learned treatise upon hydrophobia (or better still, *rage*) which has ever yet appeared.

There is always a *pig-stye* to be seen at the college, but it is rarely occupied by the animals for which it is intended. It is quite deserted at the moment in which I write. No very serious attention is paid to the maladies of the pig although they are theoretically professed in the course of the session. The last occupants of the stye were of English race crossed with that of China. M. Viborg, the directer of the Veterinary College of Copenhagen, has written an excellent treatise upon the diseases of this *edible* animal.

In their first year the students at the College at Alfort, are taught to forge, as also to form and apply shoes of various models to the foot of the horse. The forges are constructed upon simple and effective principles. There are six double furnaces at which the students work two at a time, in alphabetical order.

The dissecting rooms are in recently erected buildings, of which certain portions are yet unfinished. They consist of two spacious halls lighted from either side, and communicating with each other through the cabinet of the professor who, thus, is constantly close at hand with his scalpel and advice. For convenience of transport, the subjects are placed upon solid iron carriages, of a peculiar and convenient form.

The laboratory is to be removed at an early period to a new room expressly arranged for it. Another large building for the storing of fodder is in the course of construction.

A professor of horsemanship was formerly attached to the college, but for some reason or other the study of this accomplishment, so useful, if not essential, to the veterinary physician, above all if he be destined for the army, has been suppressed.

The drawing master has also disappeared. This, too, is to be regretted, for the art of drawing is of inestimable service to the anatomist and pathologist.

In this short letter upon the college of Alfort, I have not pretended to broach any of the numerous questions which at present agitate the veterinary world. I have perhaps written at once too little and too much, but should this superficial review fail to satisfy your interest and curiosity concerning the science, I may attempt, upon some future occasion, to do higher justice to so important a subject.

The Veterinary Colleges of France are the most perfect that exist; let us take them for our model, and seek to emancipate in the new world a noble science, that still struggles for independence and justice in the land of our fathers.

Your friend, EDWARD BROOKS, Jr.

ALFORT, June 8th, 1847. [*Western Jour. of Med. and Surg.*

EDITORIAL DEPARTMENT.

Report on the Medical Department of the University of Pennsylvania, for the year 1847: *to the alumni of the school.* By the Medical Faculty, Philadelphia, 1847.

This report commends itself to the attention of the Medical Profession with peculiar force at the present time, from the fact that the Faculty therein declare their recognition of the obligation imposed upon them to endeavor to conform to the recommendations of the National Convention, and profess readiness to act in accordance with that acknowledged obligation. In conformity with these sentiments, as our readers are aware, the approaching session of lectures in that institution is to be extended to five months. But the interest which attaches to the report is not to be measured by this particular measure of medical reform. It is in view of the broad principle that in the National Association shall be vested legislative authority to prescribe measures designed to elevate the character and usefulness of the profession, medical schools being bound to carry out, as far as practicable, the spirit of these measures, that this document appears to us to posses not a little importance. The oldest, and, it may be added without invidiousness, the most respected medical school in the country has taken a position in favor of this principle. It is not derogating from the independence of other institutions to say, that the stand taken by the University of Pennsylvania, will exert not a little influence in bringing about a similar action by the schools generally. We do not hesitate individually to commit ourselves in advocacy of that principle, here and elsewhere, so long as the National Association shall continue to represent the intelligence and wisdom of the Profession; and this will be the case so long as at its meetings are assembled members selected from among the respectable, well-informed Practitioners of different sections of the country. With such a body of men, the utmost confidence may be felt that every thing done be done with deliberation and prudence, dictated by earnest, disinterested aims for proper objects, and calculated to secure their accomplishment. With such a legislative body the best interests of medical schools are safe, because it is to be presumed that the ends which each have in view are the same, to wit., the interests of medical education. The authority of a body thus constituted will afford protection against local factions, whose jealousy prompts hostility to medical institutions, and cannot fail to do much toward securing for those schools which recognise it, general confidence and respect, since its behests are the expressed wishes of the profession at large. Entertaining these views we shall rejoice to see the position taken by other institutions, which has been taken by the Medical Department of the University of Pennsylvania, and, also, virtually, by the College of Physicians of the city of New York. We anticipate that this will be done, and that it will conduce to the interests equally of the institutions and the whole profession.

With these prefatory remarks we present to our readers the following extracts from the report which has suggested them:—

"Since the last annual communication of the Faculty, an occurrence has taken place of great interest to the Medical Profession, and likely to exert no little influence over the future character of medical instruction in this country. A Convention of Physicians, representing medical bodies in almost all sections of the Union, assembled in Philadelphia in May last, to take into consideration the various interests of the profession, and to adopt measures calculated to sustain and elevate its character and usefulness. It is believed that, in relation to its numbers, and the standing of its individual members, the late convention has never been equalled by any assemblage of medical men upon this continent. The recommendations of such a body are entitled to the highest respect; and, though it may not be practicable to carry them immediately into full effect, yet, as they have the general good only in view, it would appear to be incumbent on all to enter into their spirit, and by cordial efforts to prepare the way for the ultimate attainment of their objects. The Faculty recognise this obligation, and propose to act in accordance with it.

A prominent measure among those recommended by the Convention is the prolongation of the annual course of scholastic medical instruction to six months. The Faculty have long been sensible of the evils of the limited period generally allotted to their courses by the schools. It was adopted in the infancy of medical teaching in this country, and at a period when our science was much less expanded than at present. The rapid growth of medicine in almost all its brances, and especially the increased attention to the important subject of demonstration, have greatly multiplied the number of lectures; and, independently of these causes, the advancing wealth and intelligence of the country have called for a corresponding expansion of the means of knowledge in relation to one of its most important interests. Yet it has been deemed necessary to crowd this increased amount of instruction within the limits of time originally fixed; and the consequence has been that the lectures follow each other in such rapid succession, as to task unduly both the mental and physical powers of the pupil. It is only by a painful concentration of the attention, and the devotion of their whole time to study during the allotted period, to the exclusion of necessary rest and exercise, that even the most advanced students can follow satisfactorily the different courses; and the younger must necessarily be content with an imperfect understanding of the subject. There cannot be the least doubt, that, by spreading the same amount of insruction over a larger space of time, the student would gain a more than proportional increase of knowledge, with less strain upon his faculties, and less injury to his health.

Influenced by considerations of this kind, the Medical Faculty attempted, so long since as the year 1836, to lengthen the course from four to five months, by continuing the lectures from the ordinary time of beginning in the first week of November, to the last of March; while they instituted preliminary lectures during the month of October; so that virtually the course of instruction was extended through six months, for all those who might find it convenient to attend. The attempt, however, met with only partial success. The preliminary lectures have been continued with greater or less regularity to the present time, and have been attended by classes varying from 100 to 250 in number. But, as the example of the University was not followed by other schools, which contiuued to terminate their sessions at the close of February, it was found impossible to retain the students of the first course throughout the month of March; and the Faculty deemed it expedient to close their lectures in the middle of March, thus gaining two weeks upon the original length of the regular session, instead of the four weeks at first contemplated.

With the support of the late Convention, and with the presumed countenance of the profession at large, the Faculty are disposed to make a fresh effort to accomplish this very desirable object. In Europe, the necessity of a period of scholastic instruction longer than the one habitual in this country, is universally recognised; and it is believed that in no distinguished medical school abroad is the annual session shorter than six months. There is certainly nothing in the condition of the United States which can justify their lingering reluctantly behind the communities of Europe in the means of promoting the knowledge of so important a science as that of medicine. There is as much wealth and intelligence diffused among the great masses of people in this country as abroad; and the pecuniary means of those who study for the medical profession, are probably on the average greater than those of the European student. Why, therefore, should we delay in widening our limits of instruction till they equal those of communities not more advanced in other respects? Will the world, will our posterity justify us in remaining voluntarily in a position of inferiority, which, independently of other weighty considerations, must affect the credit of our beloved country in contemporary estimation and in history?

It is admitted by the Faculty that, in adopting the present plan, they do so at the risk of diminishing the numbers of the class, and consequently their own emoluments. But they look to the profession for support in this attempt to elevate its character by improving the education of those about to enter it. They felt it incumbent upon them, as representing the oldest medical school in the country, to come forward and offer to the profession this opportunity of carrying into effect what appears to be its own cherished wish, and is certainly in itself highly desirable. Should the attempt prove successful, other schools will probably come into the measure; and we may thus hope to witness a universal improvement of medical education in the United States. Should it fail, the Faculty will at least have the consolation of having acted in accordance with their sense of duty.

In extending the period of scholastic instruction, the Faculty have no wish to encroach on the rights of the private preceptor. They fully and cordially recognise the importance of office instruction, and deem the opportunities enjoyed by the student of acquiring practical knowledge, by visiting the sick, and preparing medicines for their use, under the immediate eye of his preceptor, as of the utmost value in the scheme of medical tuition. They do not think that an addition of four weeks to each winter session will be considered an unduly encroaching upon the period of private study; and the preceptor will probably find, that the increased ability of the student to make a profitable use of the interval between the sessions, will much more than compensate for the slight diminution of that interval.

In relation to the qualifications for graduation, the Faculty do not perceive that they can at present advantageously extend their system. It has always been their wish, that the honors of the Institution with which they are connected, should be more than nominal; that the degree of Doctor of Medicine in the University should be a true testimonial of respectable medical attainment. To this end their final examinations have always been directed. Without exacting of the student an amount of knowledge beyond what might be reasonably expected from ordinary industry applied during the regular period of study, they have aimed to exclude ignorance from the honors of the school; and they can confidently appeal to the general standing of the graduates as evidence of their success. As a particular instance, they may perhaps be permitted, without the imputation of undue boasting, to allude to the number of the graduates of the University who have distinguished themselves as public teachers, in the numerous medical schools which have sprung into existence during the last thirty years. That in time, under the influence of enlightened public sentiment, the standard of graduation may be still further elevated, is the sincere hope, and will be the honest endeavor of the Faculty, should their present efforts meet with the co-operation of the profession and the schools.

In compliance with a resolution of the recent Convention, the Faculty strongly recommend to the young gentlemen who may propose attending their instructions during the ensuing course, to bring with them letters from their several preceptors to the Dean of the Faculty, stating their age, the period at which they began their professional studies, and the general character of their preliminary attainments, so far as these may be known to the teacher.

In closing this communication, the Faculty would once more appeal to the public spirit of the profession. Of themselves, they can do no more than offer the means for an expanded system of medical instruction. Upon the profession itself, must depend the issue. At no time has there been a fairer opening for a combined effort to place the study and practice of medicine in that elevated position to which their nature and objects would appear to entitle them. Should this effort not be made, or should it fail from a want of hearty and united co-operation, the fear is that a condition of mediocrity will be fixed upon this great interest of our country, and that for a long series of years, the friends of medicine, instead of working with the cheering prospect of a continued advance before them, will find themselves engaged in the irksome and discouraging task of withstanding the deteriorating tendencies of a mere business competition.

Election of Professors, &c., by Concours.—We copy the following editorial article, from the Philadelphia Medical Examiner. We thank our friend, the able editor of that spirited Journal, for remembering us in any connection, but he is under a misapprehension in supposing, as he appears to do, that we have advocated the importation of the French system of *concours* into this country. We have never offered any remarks on that subject, but it has been our intention to do so for some time, and to express our dis from the views entertained by some of our most respected bro

Journalists. The trial by *concours* of individual attainments, cannot, in our opinion, afford a guaranty that the successful competitor will become the best teacher. On the other hand, it must often happen that those who have the best qualifications for professorial duties, will be distanced in this preliminary race. Nor is this system secure against favoritism, and various extrinsic influences. The successful candidate having attained his end, is thereafter a fixture, not easily removed, if he fail to realize what was expected of him. This is an evil of no little account. We believe in all sincerity, that we have in this country, virtually, a system of *concours* as good as could be devised. If any one be disposed to teach, and believes himself to possess the capacity, attainments and industry which promise success, he will probably not find it a very difficult matter to place himself in a position which will afford some demonstration of his capabilities. If he manifest a decided fitness for the duties and responsibilities of public instruction, there is no danger that his talents will not be in demand. This follows as a necessary consequence of the principles upon which medical institutions are conducted in this country. The emoluments of teachers depend on the prosperity of the schools with which they are connected; and this prosperity on the other hand, is dependent in a great measure, if not chiefly, upon the ability of its teachers. There is a mutual dependence, and the interests of both, and of those, too, who receive instruction, are reciprocal. Hence, while in the selection of Professors, the object paramount to all others is to secure the services of those most competent to teach, they must on their part derive strong incentives to constant exertion from the consciousness that both reputation and profit are dependent upon the degree of credit with which they discharge their duties. Should any one mistake his calling, and his efforts to teach acceptably prove a failure, there is a certain remedy in the obvious evidences of dissatisfaction which will not fail to attend him should he persist in warring against his destiny. The force of public sentiment in this conntry, in such cases, is far more available and summary than formal or legal proceedings. We venture the assertion that no public teacher in an American institution, can long maintain his connection with it, if he prove himself unfitted for the station. With these views we are not among those who think the system of *concours* would be an improvement upon the present condition of things here. We do not deny that there is need of reform in our educational institutions, and ample room for their improvement, but we are disposed to doubt if the schools of any country are superior to our own, except in greater facilities and resources for instruction. Many will doubtless think this is a rash assertion, but we firmly believe it is capable of being sustained. We may renew discussion of the topics upon which we have offered these few remarks, in a future number; in the mean time, we invite our readers to peruse the article of our contemporary already referred to:—

"Among other reforms recently advocated, the French practice of concouring for professorships has of late been highly commended by some of our brother journalists. In fact, we at one time advocated it ourselves, but afterward came to learn that its practical operation was not quite equal to its promises in theory. We understood from different sources, that instead of affording a true test, positive and relative, of the fitness of a candidate, it was liable to great abuses, and often led to deception: it was discovered, indeed, that many things were necessary fully to qualify a man to occupy a professor's chair beside those elicited by the concour. Our brethren of the Buffalo Medical Journal and of the St. Louis Medical and Surgical Journal, with many others, will be surprised to read the following, which we extract from the London Medical Gazette of the 16th of July,

'*Abolition of the Concours in France.*—The Chamber of Peers has come to a vote by which the system of election by Concours in France is abolished. Some of the noisy advocates of this electioneering practice are about to present a protest to the Chamber of Deputies against this vote, and to require a restoration of their favorite panacea for bringing out professional talent! But the felling of the most eminent and experienced men in the profession is decidedly against the re-establishment of this system.'

The introduction of this system into France some years since was hailed as the greatest improvement—as closing the door for ever upon favoritism, and opening the portals wide to genius and learning! And now it is discovered that common sense and business qualifications are quite as necessary as genius and great learning, and that these are not always combined in the same individual. *Change*, in fact, has not turned out to be *improvement*. Not only the professors of the colleges, but likewise the physicians and surgeons of the hospitals, in France, were chosen by concour, and consequently the strife was going on all the time. 'Thus,' says the Gazette, 'last year there were two vacancies for the situation of surgeons to the hospitals of Paris; *there were thirty-two candidates, and the concours lasted five months!*' Nothing could demonstrate the impracticability of such a system better than this fact.

"*Athletæ.*"—We copy the following from our spirited contemporary, the New-York Annalist, to whose extensive and well selected *varia* we are often much indebted for medical items. There is certainly no class of the community who, as a class, enjoy so little recreation as medical men; and there are none to whom recreation is more necessary. We are satisfied that both physicians and patients would do better, if more self-indulgence in this respect were practiced. The mind taxed by a constant succession of monotonous duties looses its energy, and becomes less capable of the active exercise of its faculties. The spirits and physical powers suffer. Physicians have occasions enough to appreciate the truth conveyed in the oft'quoted phrase *mens sana in corpore sano*, but they are not less, perhaps even more neglectful of practical conformity to this maxim than others. In reply, then, to the question with which our esteemed *comfrere* closes his paragraph, we declare our readiness to advocate any thing which promises increased health, strength and happiness to those to whose interests our humble efforts are devoted. We *go in* also for any plan which will bring together members of our profession in social intercourse, and lead them to feel that common interests, pursuits, cares and enjoyments, should unite them in bonds of a true and loyal brotherhood.

"The late Dr. John Ramsbotham was a member of a club of twelve, calling themselves the "Athletæ," comprising Sir A. Cooper, Drs. Cooke, Lettsom, Babington, and Prof. Coleman. He was the last survivor; Sir A. Cooper the last but two. It was originally designed to give its members a little periodical relaxation out of town, to afford them all the means of healthy exercise, and some of them an opportunity of athletic display, in various games of strength and agility. At its commencement it was held at a tavern a short distance from London; afterward, as the members rose in public estimation, it was thought undignified to assemble at a common bowling green, and first Dr. Lettsom's elegant villa at Camberwell, then Dr. Babington,s country house at West Green, became the scene of their gatherings. Later still, when time had stiffened the joints of its founders, and rendered their sinews rigid, it deviated into a dining and card party every alternate week. It must have been a pleasing sight to see these eminent men laying aside for a time, the cares of science and the responsibilities of a professional life, and, in perfect good-fellowship, hats and coats off, and faces flushed with exertion, leaping, whooping, and struggling for the possession of a ball, vying in the race, or tumbling one another upon the greensward in the wrestle. Such a coterie might, we should think, find favor among us, and both presently and prospectively be a pleasing subject of conversation. Who goes in for it?"

Percentage on Prescriptions.—A correspondent under the signature of *Pharmacopola*, in the columns of the Annalist, replies to the communication by Medicus, animadverting on some apothecaries, which was copied in our last No. Among other things, he finds fault with Physicians for bargaining to receive a percentage on their prescriptions. We must confess our astonishment at an intimation of the existence of such a custom in this country. We are not prepared to say it does not exist, and our cotemporary, who it is to be presumed is in the way of possessing knowledge on the subject, does not deny its existence. We trust, for the honor of the profession, that if so mercenary and disreputable a custom does prevail in the city of New-York, that the Academy of Medicine will act upon the suggestion of *Pharmacopola*, and pass a decree forbidding it upon pain of forfeiture of fellowship. We should be glad to see the insinuation repudiated, as a calumny on the medical profession of the city of New-York.

Since the foregoing was written, we perceive by the Annalist that this subject has come before the Academy of Medicine, but no definite action has been, as yet, had upon it.

Mob at the Alms House.—We have observed in the papers, some obscure allusions to a fracas at the New-York Alms House. The Annalist gives the following account of the affair under the caption which we have placed as the heading of this article:—

"An assistant physician, who had been discharged by the head of the Hospital, was invited, as we understand, by the remaining assistants, to take a seat with them at their table at dinner on Sunday. The remaining assistants, it seems, thought the discharge had been improperly issued, and intended this as an expression of their opinion. It was, of course, offensive to the other side, and the vis was ordered away. He refused to go, when a subordinate officer was ordered to take him away. A combat ensued, in which some hard blows were passed before the expulsion was accomplished. Yesterday morning the assistant physician who invited the guest and resisted his expulsion, also received their discharge from Dr. Reese. *Jour. of Com.*, 18*th*. In a letter from Dr. Reese in the Tribune, dated Aug. 23d, 1847, he states that he had dismissed two of his assistants, and that two others had resigned. He denies that Dr. Reilay, 'whose intrusion at the public table, after repeated admonitions, at length rendered it necessary to remove him by force,' ever paid him a farthing. He received nothing with the other three who retired, having found them in the Hospital and retained them; and with respect to another, dismissed, the proportion of his advance payment due was returned. Dr. R. declares that he scrupulously refrained from making new appointments upon his taking charge of the Hospital, which would have entitled him to the usual fees, lest he might be accused of political proscription in reference to the appointments of his predecessor. The note closes with a complimentary card, exhibiting 'a spontaneous expression of opinion emanating from his faithful assistants,' voluntarily tendered to him to be used at his discretion. An investigation has been had of the matter before a Committee of the Common Council, marked, as we hear, by considerable acerbity on either side, but we have not heard that any report has been issued on the subject."

Adulteration of Medicines.—The following communications from the New-York College of Pharmacy, which we find in the New-York Journal of Medicine, together with the remarks by the Editor of that Journal, are deserving of serious attention. That frauds are practiced in the preparation of Medicines to an enormous extent, is not new to us. We have already commented upon the subject. The immediate consequences, as respect the treatment of disease, are of vast moment; and the remote evils in vitiating medical experience are of no inconsiderable importance. It is needless to amplify upon this view of the subject, for every medical man must at once perceive and appreciate its importance. We cannot see any other method by which the public and science are to be protected against these frauds, except by providing, under legal penalties, for the inspection of drugs by competent analysts. We have in previous remarks suggested this method. Our limits will not permit us to pursue the topic at this time.

"*Caution to Druggists.*—The Committee of Inspection of the College of Pharmacy, are instructed by the Board of Trustees to call the attention of Druggists to another dangerous fraud. A quantity of a base composition, under the name of Blue Pill is now in market, having been lately imported by, or consigned to and sold by Messrs. Cumming, Dodge and Co., of this city. It contains but little more than one-fifth the proper proportion of mercury, according to the examination of Prof. Reid, of this College, made at our request, that we might have the corroborating testimony of the best analyst in the city. His certificate of its composition, which we append, shows an extent of methodical depravity in the manufacture, against which honest dealers will have to oppose extreme vigilance in the inspection of what they buy.

The article under notice is put up in rather large, white, flat-covered jars, containing one pound each; the joint covered with coarse pink-colored muslin; white label with nothing upon it but the British arms and the words "Blue Pill," in rather heavy letters in blue ink. The mass has tin foil laid over it, under the earthen cover.

From what we learn of its history, this spurious compound was made by William Bailey, of Wolverhampton, whose manufacture of similar Blue Pill, two years ago, was so faithfully exposed by the late Mr. Adamson. A transcript of the correspondence on that occasion may be found in the American Journal of Pharmacy, Vol. XI., (New Series.) p. 148. Mr. Adamson's letter still remains unanswered.

GEO. D. COGGERSHALL, } Committee
JNO. H. CURRIE, } of
WM. HEGEMAN, } Inspection.

New-York, August 9th, 1847.

New-York Hospital, Aug. 6th, 1847.

Dear Sir.—According to the request of the Inspection Committee of the College of Pharmacy, I have made an extended investigation into the composition of the Blue Pill furnished me, and have to report the following concerning this dangerous and heartless fraud.

Its composition by analysis is:

Mercury,	7·5
Earthy Clay,	27·0
Prussian Blue, used in coloring,	1·5
Sand in combination with the clay,	2·0
Soluble saccharine matters,	34·0
Insoluble organic matters,	12·0
Water,	16·0
	100

I could not see any thing differing in the state of combination of the mercury, from that generally found in Blue Pill.

The density of the Pill is about the same as the genuine.
is accounted for by the large quantity of earthy matter, w

combination with the water, gives the requisite specific gravity, and makes the deception more plausible.

The presence of so much earthy matter furnishes us with an easy means of trying it. Place 100 grains on a clean iron plate or shovel, and place the shovel over the fire until the Pill is reduced to an ash. The genuine gives 2 per cent., or near it; this 29 per cent.

The per centage of mercury can be ascertained by a process proposed by me, and described in the American Journal of Pharmacy for 1844.

Your's respectfully,
(Signed) LAWRENCE REID.

Mr. Geo. D. Coggeshall, Chairman of the Committee of Inspection of the College of Pharmacy.

Remarks.—This is but a sample of the numerous impositions practised upon American physicians in the manufacture and sale of drugs. We have again and again adverted to the frauds constantly carried on in the manufacture of spurious medicines, and have invited druggists and others conversant with these impositions to expose them through the medium of our pages. We have received in reply two or three letters, which have been published in former numbers of our Journal. We solicit still further communications on this subject.

It may not be generally understood, that the importation of drugs and medicines into this country, is chiefly in the hands of commission merchants, mostly foreigners, (German and French,) who are not druggists by profession, and who know nothing of medicines, except to buy cheaply and sell dearly. These men supply our wholesale dealers, who, for the most part, have nothing to do with the importation of the articles in which they deal, and who are not unfrequently imposed upon, as in the case of Blue Pill, as above stated. The commission dealers have agents, travelling and resident, abroad, who buy up the refuse drugs in all the principal European cities, and send them to this country, where they generally meet with a ready sale. We may mention, for example, *Rhubarb*, of which, we are credibly informed, there have been but two invoices of a good article (*Turkey*) brought into this market since December. Immense quantities, however, have been imported, of a worthless, worm-eaten article, called *Turkey*, invoiced from *two pence to eight pence sterling*, (*from four to sixteen cents per pound*,) which, we have reason to know, has been ground and sold to our retail druggists for genuine Turkey Rhubarb, worth four or five shillings a pound. The *Compound Extract of Colocynth*, which has been imported into this market for the last year, does not contain a particle of Colocynth, but is made up of an inferior sort of Aloes, with some other worthless ingredients. A great proportion of the [illegible] Extracts are adulterated in like manner. More than half of the narcotic and other extracts, such as of *Belladonna*, *Conium*, *Hyoscyamus*, *Aconite*, [illegible], &c., are entirely destitute of any active properties, as we know from our experience, and *Opium* is now rarely to be met with in a genuine form. The *Attar of Roses* is more frequently than otherwise adulterated with the oil of Rhodium, of which there is also an artificial compound prepared for this very purpose. Our *Volatile Oils* are adulterated more than half with sweet and other cheap oils. The *Hydrargyrum Ammoniatum*, U. S. P. *White Precipitate*, of *Bailey's* manufacture, (Wolverhampton,) is now as much adulterated as the sample of *Blue Pill* from the same house, analyzed by Prof. Reid. This is an article of a chemical nature, which should, if prepared according to the Pharmacopœia, always be of the same quality; and yet we have its invoice price ranging from three to six shillings sterling per pound, *according to quality*, We have not ascertained whether it is mixed with *clay*, like the blue pill, *white lead*, *chalk*, or *gypsum*, but we have no doubt that one of these will be found to constitute more than 50 per cent. of it. whenever an analysis may be made. An article is now imported, under the name of *Colocynth Powder*, which is probably *Colocynthin*, mixed with some inert vegetable powder; this varies in our Custom-House invoices, from 5 to 14 shillings sterling per lb., and is often two-thirds adulterated. The *Extract of Rhubarb*, from 4 to 9 shillings sterling per pound, according to quality. The *Extract of Sarsaparilla*, as now imported, is a worthless imposition. *Quinine* is now imported in bulk instead of bottles. These latter are now generally manufactured here, together with the *labels*, according to the latest French patterns, usually the *Pelletier* stamp, we believe is preferred. The *Quinine* now generally in use all over this country, is at least one-half *Salacine;* this latter being imported very extensively for this purpose, at an expence of less than one-third that of quinine. Some dealers, however, use flour or starch for the same purpose. We believe that it is owing to the adulteration of this article that such *large doses* are required, and *safely borne*, in the malarious diseases of the South and West. We have known practitioners in these regions occasionally get hold of a genuine article, and they very soon found that their patients, so far from requiring a *drachm*, or even half that quantity, found from five to fifteen grains sufficient. The house of *Teschdorf, Fischer & Co.*, of Hamburgh, send us immense quantities of drugs of every description, especially of *Extracts*, as of "*Carduuss Benedictus*," "*Chelidonium*," "*Fumaria*," "*Gratiolus*," "*Lactuca Virosa*," *Millefolia*," and "GRAMINIS"! Where are these articles used? What are the medicinal properties of the *Extract of Grass*? The only use for the latter, we have very good reason to believe, is to mix with genuine extracts, for the purpose of dilution. The invoice price of these extracts varies from forty cents to $1,75 per pound.

Much of the *Nitrate of Silver*, so called, now on sale in our wholesale drug establishments, does not contain a particle of the metal; whether the substitution is prepared here or abroad, we do not know. Of the *Hydriodate of Potash* also a large proportion is utterly worthless, *Iodine* not entering into its composition; the article is extensively imported in this shape. In order to have an article on which they can depend, we would recommend physicians everywhere, to prepare their own Hyd. of Potash' which can be readily done as follows:—Heat slightly a mixture of 100 grains of Iodine, 2 drachms of water, 75 grains of carbonate of potash, with 30 grains of iron filings. The mass is dried to redness. The resulting red powder is heated with water, then filter and evaporate to dryness; 109 parts of Iodine will thus furnish 135 parts of every white iodide of potassium, but slightly alkaline.

Thus we could go through with the whole catalogue of medicines in daily use by the physicians. It is now well known that there are establishments abroad for the express purpose of manufacturing spurious drugs for the American market, and it is high time that something was done to put a stop to it. As one important step towards reform, we hope that our wholesale dealers will hereafter import their own medicines, and not trust to a set of sharpers, who think more of money than they do of life and health. There is no propriety in leaving this branch of business in the hands of men who are not competent judges of the genuineness of the articles in which the deal. In the next place, we hope Congress will, at their next session, pass a law, forfeiting all spurious and adulterated drugs, and subjecting the owner or consignee to heavy penalties. We have appraisers now connected with the Custom-House, who are regularly educated physicians and chemists, and who are fully competent to detect these impositions, whenever they may be praetised. At present, although the government is fully aware of these extensive frauds, it has no power whatever to prevent them; its *ad valorem* estimation may be *nothing*, or next to nothing, as in the case of the rhubarb, apprised *in the invoice* at two pence sterling per pound; but it has no right to exclude the article from aur markets. We need a stringent law, to prevent such practices in future. Again, physicians must purchase their medicines in the crude state, and not in powder; if they do, they will be imposed upon, nine times out of ten. They must take their own extracts, syrups, pills, and tinctures. They must resort more frequently to the use of our indigenous medicines, and never employ a foreign article where a domestic one will answer the purpose. When they do purchase, they should buy only of those wholesale dealers who import their own stock; and not take their articles from those who are unacquainted with the characters of genuine drugs. And lastly, they should deal only with those who sustain the reputation of being *honest men*, and whose consciences would not allow them to go on quietly in the daily practice of imposture and deception, involving the lives and health of their fellow-men. We hope the "New-York College of Pharmacy" will pursue this subject, and expose a few more of the frauds now practised in the manufacture and sale of medicines. And although we are not personally acquainted with the Hon. Secretary of the Treasury, R. J. Walker, Esq., we have reason to believe that he will cheerfully co-operate in bringing about a reform in this matter, and thus put a check to the importation of spurious and adulterated articles, which not only detract largely from the public revenue, but prove destructive to the lives and health of our citizens, and often fatal to the reputation of the regular practitioner of medicine.

[Since the above was written, and in the hands of the Printer, we have received the following communication from the New-York College of Pharmacy.—Ed.]

New-York, August 24th, 1847.

Sir.—In behalf of the College of Pharmacy of the city of New-York, I have the honor to submit for your consideration, and insertion in your valuable Journal, the proceedings of the Board of Trustees, in relation to the importation from Europe of large quantities of sophisticated pharmaceutical and chemical preparations, which must often prove highly injurious to those who may be subjected to their use.

The College has, for many years, exerted all its influence to oppose this system of culpable speculation, by cautioning dealers, through the public prints, against the purchase of such articles as were proved by careful analysis to be dangerous. This it has done cheerfully and fearlessly.

These efforts having proved insufficient wholly to suppress this alarming evil, the College has resolved to ask the co-operation of the other Colleges of Pharmacy, and all the medical institutions and practitioners in both branches throughout the Union, in an application to Congress for a law, declaring that all pharmaceutical preparations and chemicals which shall be found, upon careful examination, to be spurious, shall be confiscated and destroyed.

With the assurance of my perfect esteem,
I remain your obedient servant,
JOHN MILHAU, Pres. Coll. of Phar. of N. Y.

To Chas. A. Lee, M. D., Editor N. Y. Journal of Medicine.

At a special meeting of the Board of Trustees of the College of Pharmacy of the city of New-York, held on August 9th, 1847, convened for the express purpose of taking into consideration the best measures to prevent the introduction, throughout the United States, of sophisticated ans misnamed Chemical and Pharmaceutical preparations—it was unanimously

Resolved, That the officers of this institution be requested forthwith to call the attention of the Secretary of the Treasury of the United States to the fact, that large quantities of spurious medicinal preparations are being introduced daily into this country, not only to the prejudice of the Custom-House revenue and the honest importer, but in the sequel jeopardizing the health and lives of all those who require medical aid, throughout the land. That the Secretary of the Treasury be respectfully requested to apply the most stringent regulations within his power, to check this alarmingly growing evil.

It was further *Resolved*, That the Philadelphia College of Pharmacy, and other Colleges of Pharmacy and Medicine, be officially requested to unite with us in presenting a memorial to Congress, to devise means to suppress this most dangerous fraud, by making all such sophisticated articles liable to forfeiture.

JOHN MILHAU, President.
OLIVER HULL, GEO. D. CONGESHALL, WM. L. RUSHTON, } Vice Presidents.
John Snowden, Sec.
J. S. Aspinwall, Tr.

Quack Advertisements.—The Boston Chronotype, a daily newspaper, published at Boston, Mass., says, "our rule about the admission of advertisements has been from the first, not to admit any business which we consider in itself immoral." Happening to glance at this editorial remark. we had the curiosity to look through the columns of the paper, and in so doing we counted about a dozen advertisements of secret remedies, professing to cure without fail certain, or all diseases, having no reference to age, sex, and the numerous circumstances peculiar to individual cases. We are therefore to infer that in the opinion of the editor of that paper, it is a moral business to practice upon community impositions connected with the patent medicine system. He would decline notices for the sale of spirituous liquors, and, we presume, his conscience would not permit him to advertise for gambling houses, and lottery brokers; but he has no scruples in aiding to dupe the credulous, not out of their money only, but of health, and, perhaps life. Singular consistency! We do not wonder that the Cronotype contains quack advertisements, for there are but few perhaps, as yet, that are sufficiently disinterested to refuse them, and the pecuniary profit therewith connected. But the protestation we have quoted, taken in connection with the practice, is what we admire! The good in this world seems indissolubly connected with the bad. The press is a mighty engine for the advancement of civilization, but it is, also, a powerful instrument for evil, and has its multitude of sins to answer for.

[Several editorial notices in type are excluded.]

BUFFALO MEDICAL JOURNAL
AND
MONTHLY REVIEW.

VOL. 3. NOVEMBER, 1847. NO. 6

ORIGINAL COMMUNICATIONS.

ART. I.—*Observations on Aneurism, and its Treatment by Compression.* By O'BRYEN BELLINGHAM, M. D., EDIN. Fellow of and Professor in the School of the Royal College of Surgeons in Ireland; Licentiate of the Royal College of Surgeons of Edinburgh; and one of the Surgeons to St. Vincent's Hospital. Printed at the Medical Press Office, 15 Molesworth-st., Dublin. 12 mo. From the Author.

During the last year or two, the foreign Medical Journals have been much occupied with the subject of curing external aneurisms by moderate pressure applied remote from, and upon the cardiac side of the aneurismal tumor. A considerable number of cases have already been reported, and farther experiments are still in progress. Meanwhile, surgeons have not all been agreed upon the merits of the new plan, but have begun to record themselves as friends or antagonists; some defending it with facts and philosophy, and others assailing it as an old system, which, having been thoroughly tried, was long since abandoned; or which, if such were not the case, is far inferior in point of certainty, ease and safety, to the operation of Hunter. Those, however, who find any thing to say against the system, are, as yet, comparatively few. It, thus far, seems to be generally conceded, that whether the system is old or new, a question in itself of very little moment, it does appear to effect radical cures in a mode at once safe and simple, though occasionally, somewhat tedious; and we have just reason to believe that a portion, at least, of the opposition which exists, is the result of some sectional jealousies, or of an unwillingness to see surgery forcably deprived of one of its most brilliant and imposing operations, viz.; the application of the ligature to the aneurismal artery.

After a careful retrospect of the whole matter, we must confess that we have fallen in with the new plan—new at least to us, in so far as the mode and degree of pressure is concerned; and we hail the operation as another triumph of conservative surgery.

It is with pleasure, therefore, that we now call attention to this first publication, *in extenso*, which we have seen upon this subject, and from a gentleman who was himself one of the first to make a successful experiment, and who has since either made, or witnessed several more. Mr. Bellingham resides at Dublin, to the surgeons of which city the operation was for some months wholly confined; and where its merits and demerits have been more critically and severely examined than any where else. The author has, also, all along, been very much devoted to the subject, having at an early date become involved in a controversy as to the mode in which pressure, applied remote, and upon the cardiac side, effects the obliteration of the aneurismal sac.

The first five chapters of the book before us are devoted, chiefly to the history of the cure of aneurism by compression, from the earliest day down to the present time; and contains much information, and many cases, which have not before been brought together; an analysis of the whole of which shows all the following modes to have been at one time or another practised:—

"1, Where the pressure was applied directly upon the aneurismal sac.

2. Where the pressure was applied to the aneurismal sac, and the entire limb was at the same time compressed.

3. Where the compression was applied to the artery between the aneurismal sac and the heart.

4. Where the pressure was applied to both the aneurismal sac and the artery upon the cardiac side.

5. Where the pressure was applied to the distal or capillary side of the aneurismal sac.

6. Where the aneurismal sac was laid open, and the pressure was applied upon the ruptured or wounded vessel.

7. Where the artery above the aneurism was laid bare, and the pressure was applied directly upon it."

It is the plan adopted in the third section which some say is now *revived*, but which the author aims to show is not the new practice. Galen, who lived in the second century, is said to have cured an aneurism at the bend of the arm by means of a sponge and bandages, and Rhazes, of the ninth century, is stated to have recommended similar measures. Jean de Vigo, a physician of Genoa, who lived in the begining of the 16th century, is known to have treated aneurisms by compression, styptics, &c., and a distinct case is recorded by Tulpius, of Amsterdam, who wrote in 1641.

From this date up to the time of Hunter, the history of the various modes of treating aneurism is easily traced. Compression had been tried in many forms, and had signally failed, and so, also, had the operation of opening the sac and tying above and below, so that Pott, who wrote in 1777, condemns all operations made to cure an aneurism, for he declares he had never seen any other operation than that of amputation which had preserved the life of the patient.

In 1785, Hunter performed his first operation of tying the popliteal artery remote from the sac, and on the cardiac side. The great superiority of this to all previous modes was soon generally established; yet there were a few surgeons who never entirely abandoned the old methods—thus, even as late as 1818, Boyer says, "in certain cases of popliteal aneurism the old operation is preferable to the Hunterian." By the "old operation," Boyer meant the operation of exposing the sac itself, and tying, above and below. Pressure, also, continued to be employed in a few rare cases, but it was thereafter no longer made upon the sac, but only between the aneurism and the heart. The first case of cure reported from this plan of treatment, occurred in Paris, in 1810, under the care of M. Esch
Several others followed, and, as some were cured, and others w

compelled to abandon the pressure and resort to the ligature, Dupuytren, who had witnessed several of the cases, concluded in 1829, "that there are individuals who cannot bear compression, whilst there are others who support it without inconvenience," &c.

It must now be understood, that up to this time, and later, compression was applied to the artery on the cardiac side of the sac, with a view of *obliterating the artery* at the point selected, and thus effecting a cure of the aneurism below; and the difficulty consisted chiefly in the inability of the patients to endure such an amount of pressure as was necessary to accomplish this result. Whereas, the principle involved in the plan now proposed, requires that the artery leading to the sac *shall not be entirely closed, but only sufficiently to materially diminish the quantity of blood flowing through it.*

We can scarcely doubt that compression as formerly used, while it occasionally wrought cures. by completely closing and finally obliterating the artery at the point of pressure, did, also, in some instances, where the pressure was less complete, effect a cure by partially arresting the current. It is not, therefore, so much a question in the history of the treatment of aneurisms, *when the first cure was effected* by partial pressure as *when first the important principle was discovered* by which the cure was effected. We may then pass over that portion of the work before us in which the claims of surgeons to priority in this mode of treatment are reviewed, and come directly to the period when Mr. Bellingham himself first explained its *modus operandi*, and declared his conviction of its superiority to all other previous plans.

This was at a meeting of the surgical society of Ireland, held in Dublin, on the 22d of April, 1843, a report of the proceedings of which is contained in the Dublin Medical Press, published in the May following. At this meeting, three cases of cure of aneurism by pressure on the cardiac side of the sac were reported, one by Mr. Hutton, one by Mr. Cusack, and the third by Mr. Bellingham; and on this occasion, Mr. Bellingham made the following remarks:

"Surgical writers appear to have been under the impression, that in order to cure an aneurism by compressing the artery above the tumour, it was essential to interrupt completely the current of blood through the vessel—in fact, to apply such pressure as would act like a ligature, cause inflammation of the coats of the artery at the part, and obliterate the circulation in the vessel at tne point to which compression had been applied.

When it was considered obsolutely necessary for the success of compression, that such an amount of pressure should be applied as was almost certain to produce sloughing of the part, and very certain to occasion intense pain and suffering; and when, in addition, this was to be prolonged through five successive nights and days, [as in the case reported by Mr. Guthrie which I had quoted,] we can readily understand why patients refused to submit to it, and we can easily account for the disrepute into which the practice fell, and for the unwillingness of surgeons to adopt this treatment, in preference to the simple operation of placing a ligature upon the femoral artery. It would, however, appear that it is not at all essential the circulation through the vessel leading to the aneurism should be completely checked, but rather the contrary: it may, perhaps, be advantageous at first, for a short period, by which the collateral circulation will be more certainly established; but the result of this case, if it does no more, establishes the fact, that *a partial current through an aneurismal sac will lead to the deposition of fibrine in its interior, and cause it within a few hours to be filled and obstructed, so as no longer to permit of the passage of blood through it.* Pressure, so as altogether to obstruct the circulation in an artery, must necessarily be slower in curing an aneurism, as it must, in some measure, act by causing obliteration of the vessel at the part to which the pressure has been applied; whereas *a partial current through the sac enables the fibrine to be readily entangled in the parietes of the sac in the first instances, and this goes on increasing until it becomes filled;* the collateral branches having been previously enlarged, the circulation is readily carried on through them."

The instruments which have already been employed for the purpose of diminishing the current of blood through the artery, have been almost as various as the operators, and we have scarcely a doubt on looking over the several varieties of "clamps," and "screws," and "tournequets," and "trusses," and "compresses,' and "weights," to which the surgeons have so far resorted, that it still remains for some ingenious *yankee* to "invent" the instrument which is to perfect the discovery! These instruments all resemble each other in being designed to make a moderate and endurable amount of pressure upon the artery. They are also so constructed as that they may be relaxed whenever the comfort of the patient demands it; and moveable, so that the pressure may be alternately made at different points in the course of the artery, In some, last indication is answered by a double headed compressor, one whose heads is generally loosened when the other is tightened. Mr. Carte has invented an apparatus by which he is enabled to apply a *weight* to the walls of the vessel; the weight resting in a kind of "hopper." To make the requisite pressure upon the femoral artery of an adult from seven to nine pounds are sufficient.

We shall enable the reader better to understand the new practice by giving a running epitome of the twenty-seven cases reported as having been submitted to the new treatment.

Case 1. A laborer, aged 30. Popliteal aneurism about the size of a hens' egg. In twenty-eight days after the compression was commenced, the pulsation in the aneurism ceased. The compression was continued three days longer; and a month later the patient was discharged, the tumor being now of the size of a nutmeg, and hard; pulsation of femoral artery continued natural. *Mr. Hutton, of the Richmond Surgical Hospital, operator.*

Case 2.—A tanner, aged 55. Ppopliteal aneurism, size of hen's egg. Pressure continued upon the artery in the groin four weeks and three days; pulsation having ceased at the end of four weeks. Femoral artery at the last dates continued to pulsate freely. Tumor reduced to size of a walnut, and very hard. *Mr. Cusack, of St. Stevens' Hospital, operator.*

Case 3.—Servant, aged 32. Popliteal aneurism; about three inches in diameter. Pressure applied upon the artery as it passes over the ramus of the pubis, April 3d, discontinued on the 4th and 5th, reapplied on the 6th, and again on the 11th. The absolute time occupied in the compression was *two days.* Pulsation in tumour ceased on the 7th of April. One month after, the tumor was very small; the pulsation of femoral artery continued, and patient was pronounced cured. *Mr. Bellingham operator.*

Case 4.—A tinplate worker, aged 30. Femoral aneurism. Compression made at lower part of upper third of the femoral artery Continued fifty-six days, pulsation in the tumor having ceased six days previously. The day before the pulsation ceased, he felt great pain in the limb; scarcely any tumor left. *Mr. Liston, of London, operator.*

Case 5.—A carpenter, aged 29. Popliteal aneurism. Compressed ninety-three days; applied at first upon the ramus of the pubis, and afterwards about four inches below; pulsation in tumor ceased after about three months. Completely cured. *Mr. Harrison, of Jervis-street Hospital, operator.*

Case 6.—Aged 53. Femoral aneurism, sixteen inches in its greatest circumference. Compressed thirty days; and on the fourteenth day after the instrument was removed, the report says the tumor is smaller, and the case promises very favorable, the pulsation has ceased. *Mr. Liston, operator.*

Case 7.—Servant aged 33. Femoral aneurism, two inches in diameter. Compression applied over ramus of pubis, made at intervals, continued 43 days; tumor then size and shape of a small hen's egg, very firm and solid. *Mr. Bellingham, operator.*

Case 8.—A baker, aged 28. Popliteal aneurism, size of hen's egg. Compressed fifty-three days, shortly after which, it is reported, "a small firm nodule marks the situation of the aneurism, and the patient is discharged cured, but his limb is yet stiff, weak, and somewhat emaciated." *Mr. Kirby, of Jervis-street, operator.*

Case 9.—Popliteal aneurism; cured in fifty-seven days, by *Mr. Allan, of Haslar Hospital.*

Case 10.—Popliteal aneurism; cured in twenty-one days, by *Mr. Greatrex, of London.*

Case 11.—Popliteal aneurism; treated with two instruments, one applied upon the femoral artery at the lower part of Scarpa's space, the other higher up the limb. Compression continued seven days; tumor was very large, but now is entirely gone. *Mr. Cusack, operator.*

Case 12.—Popliteal aneurism; two instruments used; one applied about two inches below Poupart's ligament, the other near the tendinous canal in the triceps muscle. Cured in twenty-four days. *Mr. Porter, of Meath Hospital, operator.*

Case 13.—Aged 30. Popliteal aneurism, has disease of heart, sac thin. Duration of compression twenty days, when the patient suddenly died. The pulsation in sac had ceased two days previous. *Mr. Cusack, operator.*

Case 14.—A medical man; popliteal aneurism; two inches in diameter. "Compression was commenced August 2nd, continued for twenty days, when the patient suffered so much from a burning sensation along the course of the tibia, that he refused to continue it, and removed to the country; there was then 'a decided hardness in the seat of the disease, but the pulsation appeared nearly as great as ever.' Four weeks after the discontinuance of the compression, (during a fortnight of which the patient had used much exercise,) an unusual degree of stiffness was felt in the knee, and on examination, the pulsation in the aneurism was found to have ceased, and there was increased hardness in the tumor: no return of pulsation subsequently. Period which intervened between the commencement of the compression and the cure of the aneurism forty-eight days, during the last twenty-eight of which pressure was not applied.

Case 15.—Popliteal aneurism, cured in thirty-three days by weights, applied part of the time about the middle of the thigh, and part of the time in the groin. Treated by *Mr. O'Ferrall, of St. Vincent's Hospital.*

Case 16.—Popliteal aneurism, cured by a tournequet in forty days, by *Mr. Jolley, of the Torbay Dispensary.*

Case 17.—Popliteal aneurism, "Compression commenced with a single instrument; pressure applied to the artery in the groin; a second instrument subsequently used, and the pressure applied to the artery lower down alternately with the other, two days after which the pulsation in the aneurism ceased." *By Mr. Macdonnell, of the Richmond Hospital.*

Case 18.—Popliteal aneurism. Compressed seven days, two instruments applied at same time, one to the groin and the other lower. Cured. *Mr. Dartnell, of the army, operator.*

Case 19.—Femoral aneurism, cured in thirty-six days, by *Mr. Mackern.*

Case 20.—Popliteal aneurism. Compressed by two instruments ninety-one days; during which time the pulsation ceased, and a few months after, the report says: "the tumor is very firm and decreasing in size." *Mr. Stork, operator.*

Case 21.—Popliteal aneurism. cured in twenty-one days by two instruments applied at different points at the same time. *Mr. Stork, operator.*

Case 22.—A medical man. Popliteal aneurism. "Compression commenced March 2nd, followed by numbness about the ham, œdema of the leg and foot, with pain and diminished temperature in the same part. Compression discontinued April 14th, the tumor had become more solid, was diminished in size, but pulsation could still be detected. A compress of sponge was then applied to the tumor, and retained by a bandage.

The patient returned to the country, and commenced taking exercise. In riding a spirited horse on the 22nd of May following, he made a sudden exertion, which was followed by great pain in the knee and tumor, which increased at night. He took a full opiate which procured sleep, and on awaking the pulsation in the aneurism was found to have ceaseed. By the 27th of June the tumor could hardly be felt, but some pain in leg and ankle remained with stiffness in the knee; a disagreeable numbness was also felt along the inner side of the knee, leg, and foot, "probably (the patient thinks) caused by some injury which the saphena nerve incurred during the process of applying the pressure." Compression continued for forty-three days; aneurism ceased to pulsate eighty-one days after the pressure was first used."

Case 23—Popliteal aneurism. Pressure made in the groin by a weight, and in lower part of thigh by a weight. "Compression commenced July 30th at 11 o'clock a. m. by two instruments, which were alternately relaxed, (the pressure being sufficient to check completely the pulsation); at 9 o'clock p. m. very severe pain in the ham set in, the patient unscrewed the instrument, and found that all pulsation had ceased. Compression continued until August 2nd, the pulsation did not return, slighter pressure was then kept up until the 8th, when the instrument was removed. The aneurismal tumor now (September 24th) is about the size of a hen's egg and hard. Duration of compression ten hours; the previous pressure must, however, be taken into account, which had evidently caused deposition of fibrine in the aneurismal sac, because it could not be completely emptied by pressure upon the artery above." *Mr. Sunter, of Newbridge, operator.*

Case 24.—Popliteal aneurism. "Compression commenced soon after the patient's admission; pressure made by a weight in the groin, and by a clamp upon the artery at the junction of the middle with the lower third of the thigh. After the compression had been continued for some time, as the pulsation continued to be strong, it was resolved to give a trial to galvanism combined with compression. By applying pressure upon the artery above and below the aneurism, so as to retain the contents of the sac until acted on by the galvanic current, it was expected that one of the principal causes of the failure of this proceeding would be avoided; the case likewise seemed to be a favorable one, in this respect that the blood contained a very large amount of serum in proportion to the fibrine.

April 21st. A clamp was applied upon the artery above the aneurismal sac, and another below it; two acupuncture needles (insulated except at their points and hafts) were then introduced, from opposite sides into the aneurismal sac, and brought into conn
with a Smee's battery by Dr. Apjohn, Professor of Chemi
the Royal College of Surgeons, who kindly afforded his s

and the galvanic current was maintained by him for about fifteen minutes at intervals. It was intended to repeat the application after a short interval, and in the meantime the patient continued the compression. In order to hasten the cure (as he thought) he had kept up very strong pressure upon the artery in the thigh for many hours, when seven days after the employment of the galvano-puncture, he was seized with a shivering, erysipelas (which was prevalent at the time) attacked the part of the thigh upon which the pad of the instrument rested, it spread upwards and downwards, and the patient died on the 4th of May, six days afterwards.

Case 25.—Successful treatment of a case of popliteal aneurism at St. Vincent's Hospital, particulars not yet made public.

Case 26.—Is a case of popliteal aneurism cured by pressure upon the sac itself, and does not belong, therefore, to the class of operations of which we are now speaking.

Case 27.—"Patient, a drover, aged 42, healthy, admitted into the Bristol Infirmary, under Mr. Harrison, September 28th, 1843, laboring under popliteal aneurism on the left side. Tumor had been noticed some months previously; it had attained the size of a large orange; pressure upon the artery in the thigh caused it to diminish. Compression commenced October 3rd, the pressure applied to the artery in the groin. Treatment persevered in for a fortnight, when it was discontinued at the patient's request, and the operation performed. At this period pulsation was distinctly felt in the articular arteries about the knee, when the pulsation was arrested in the femoral artery by compressing the artery in the groin."

Chapter 7th treats of the employment of chemical agents used to coagulate the blood in an aneurismal sac, the employment of heat, galvano-puncture, injections of chemical fluids, &c., &c. Sir Everard Home reports a case in which he employed heated needles to produce a coagulum in 1826. The result was a cessation of pulsation in the tumor; but forty-six days after the last trial, the patient died of gangrene in the diseased limb. The autopsy showed a complete coagulum filling the sac. No other case is reported.

In 1832, Mr. Phillips proposed to obliterate arteries by transfixing them with needles and then passing a galvanic current through them. Seven cases are reported, of which only three proved successful, and we shall dismiss the whole subject with the following conclusions drawn by Mr. Bellingham:—

"On the whole it appears to me that much can never be expected from galvano-puncture as an agent in the cure of aneurism: it is doubtful if the current of a battery of moderate strength, however long continued, can develop a coagulum sufficiently firm to produce even the effects I have mentioned; and the employment of a powerful battery is not without risk if the aneurismal sac is of considerable size, or springs from a large artery. In addition, it is difficult to isolate completely the shaft of the acupuncture needles; the substance used for this purpose is either detached in the act of introducing them, or it is softened when the galvanic current is completed: hence the tissues through which the needles pass are acted on, and the strength of the current is necessarily wasted. I need hardly delay here to allude to an objection urged against this measure by a writer in the *Dublin Quarterly Journal of Medicine*—viz., that erysipelas may follow the employment of the acupuncture needles, because every one, I presume, is aware that erysipelas may follow any form of puncture, wound, or incision, in any part of the body."

Mr. Wardrop suggests injecting the sac with acetic acid, a small quantity of which will coagulate a considerable mass of blood, but no one has yet put his suggestion into practice. All the above modes are spoken of as possible auxiliaries to compression, whose value may not yet be fully determined.

We shall conclude this brief review of this most interesting little volume, with the writers own summary of some of the most material points relating to this new mode of treatment:—

"1. The arteries to which compression is applicable being far more frequently the subject of aneurism than those to which it is inapplicable, compression is calculated to supersede the ligature in the great majority of cases.

2. The cure of aneurism by compression upon the artery between the aneurismal sac and the heart, according to the rules laid down here, is accomplished by the gradual deposition of the fibine of the blood in the sac, until both the latter and the artery at the part are completely filled. The process is in fact exactly similar to that by which nature effects a spontaneous cure of aneurism.

3. Such an amount of pressure as would cause inflammation and adhesion between the opposite sides of the artery at the point compressed is never required.

4. The pressure should not be so great as to interrupt the circulation in the artery at the point compressed; an essential agent in the cure being that a current of blood soould pass through the sac.

5. Compression by means of two or more instruments, one of which is alternately relaxed, is much more effectual than by any single instrument, and in many instances the pressure can be maintained by the patient himself.

6. The treatment of aneurism by compression does not involve the slightest risk to the patient, and if persevered in cannot fail of effecting a cure.

7. A cure of aneurism effected by compression, according to the rules laid down here, must necessarily be permanent; and in every case in which a cure has been pccomplished, the patients have remained well subsequently.

8. The femoral artery remains pervious after the cure at the point at which the pressure had been applied, and no morbid change of any kind is to be detected in eitner the artery or vein at the site of the compression.

9. When a cure is effected by compression, the vessel is obliterated only at the seat of the aneurism, and the artery at this part is eventually converted into an impervious ligamentous band.

10. Compression effects the cure of aneurism by more simple and safer means than the ligature, while it is applicable to a number of cases in which the operation is contra-indicated or inadmissible.

11. Compression is not necessarily a more tedious or more painful method of treating aneurism than the ligature, while it is much more certain, more likely to be permanent, and is free from all danger.

12. Compression, according to the rules laid down here, has little analogy with the old method which went by this name; and in fact has no greater resemblance to it than the Hunterian operation had to the operation for aneurism which it superseded.

F. H. H.

ART. II.—*Case of Urinary Calculus with congenital malformation of the Penis.* By George D. Stevens, M. D.

On the morning of the 2nd of August, I was called to visit a son of Jacob Rummell, aged 8 years. On my way to his residence, I learned the following particulars regarding the case:—The morning previous to my visit, the lad betrayed symptoms of uneasiness, and and on being interrogated, told his parents he could not urinate; after witnessing several unsuccessful attempts, the mother prepared some pumpkin-seed tea, which she gave him freely, with other diluent drinks of various kinds, all of which proved ineffectual. Had never been affected so before, but the father said he had noticed that his son always projected a very small stream when he urinated, and that his penis " was not quite right."

I found the hypogastrium tensely distended, tender to the touch, the patient suffering much, and determined to cathererize *imme-*

diately. On searching for the *meatus urinarius*, found an indentation resembling it, but imperforate; but the search revealed a very small opening beneath a fold of the *frænum preputii* which proved to be the commencement of the urethra; and was too minute to admit a small sized catheter. After dilating it with a probe-pointed bistoury, the catheter passed easily until it reached the neck of the bladder, which offered some resistance, but by moderately continued pressure it passed. The bladder was soon emptied of about a pint and a half of urine, presenting no unusual appearance, but strongly ammoniacal. Regarding the case as one of spasm of the neck of the bladder, I directed a cathartic of ol. Ricini and spts. Terebinth., fomentations to hypogastrium of laudanum and spts. of Camphor.

August 3rd, 5 o'clock P, M. Found patient with bladder distended, betraying symptoms of increased suffering; removed about the same quantity of urine as before, possessing the same characteristic odor; patient quite easy. I wished to leave the instrument in the bladder, but when the patient was left alone for a few moments, he would immediately withdraw it, so far as to render it useless. The prescriptions of the day before not having been carried out, I directed the parents to employ them thoroughly, and, at the same time, to administer enemas, as he had passed some ascarides. He was also to take a powder of camphor and opium every four hours spts. nit dulc, at intervals between the time of taking the powders. Directed the Father to call me next day if these remedies did not succeed. Was not called on the 4th, and began to feel assured of my patient's recovery.

On the morning of the 5th, a messenger came requesting my speedy attendance: saw patient at 10 A. M., presenting appearances similar to those on my former visits. I had not been called the day before "because he was so comfortable, it was thought unnecessary." Passed the catheter, urine flowed freely until half a pint was discharged, when it suddenly ceased; at the same time a sensation of grasping was communicated to the instrument, and the boy cried out with extreme pain. Withdrew the catheter, and found no obstruction in it. As the arrest of the flow of urine seemed so much like the effect of violent spasm, I determined to rest for half an hour, and at the end of that time, passed the instrument as I thought fully into the bladder, no urine flowed; in a short time the same sensation as before was communicated to the catheter, the patient expressing intense pain, and I began to think that a stone might produce the difficulty. Placed the patient upon his back with his hips raised, left with intention of visiting him again in the evening, urgent symptoms being allayed for a time. In the evening Dr. Ham saw the patient with me: the patient had passed some urine, still the hypogastric region was full, and tender to touch. On attempting to introduce the catheter, an obstruction was discovered beneath the arch of the pubis; a sound was tried which rendered it certain that a foreign body was lodged in the tract of the urethra; it appeared hard and somewhat rough; we came to the conclusion that it was a calculus, as the aperture of the urethra had been too small to admit the introduction of any substance by the patient previous to its being dilated. After dilating the urethra as much as was consistent, administering a cathartic of calomel and bitartras of potassa, we left with a slight hope of its being discharged, if not, expecting on the following morning to cut upon and remove it. Mr. R., however, came early, bringing with him a calculus about the size of a white bean, spheroidal in form, surface rough, color brown. When broken it seemed made up of concentric layers, which were distinct, encompassing a nucleus of a grayish color, and much harder than the external layers. When dry it weighed six grains.

This case is chiefly interesting, from the length of time the calculus must have existed before any symptoms of its presence manifested themselves, from the structure of the *meatus urinarius* (which latter stands perhaps in the relation of cause to the effect) and from the size of the calculus passed by a lad of eight years.

WILLIAMSVILLE, September 15, 1847.

ART. III.—*Supposed case of Ovarian Hernia, forming an Ovarian Tumor.* Reported by Dr. F. H. HAMILTON.

Miss M. E., aged 21, of Buffalo, has a tumor situated upon the external abdominal ring of the right side, of which the history is as follows:—

When two weeks old, she was lying upon the bed with her face upward, when her sister, ten years old, accidently jumped upon her chest and abdomen, with such force as to nearly extinguish the life of the infant, bending and flattening the ribs upon one side, and forcing out the sternum. During the succeeding week she was very feeble, and was apparently in much pain when moved. About this time the mother discovered a small tumor situated on the external abdominal ring, of the size and shape of a kidney bean, but thicker; not discolored, and moveable: it could not be returned within the ring. This tumor has never disappeared for one moment since then.

Miss M. began to menstruate when 13 years old, and from the time of the accident unntil this event, the groin gave her much trouble. When she played much, a swelling would occur *beside* the tumor, (the small original tumor remaining distinct and clearly separate) often attaining the size of a hen's egg, giving her great pain until it was reduced, never red, but sometimes purplish, and always tender. This swelling was easily made to disappear in from half an hour to three hours, by applying warm cloths, and keeping her on her back; sometimes it disappeared spontaneously, while she still kept about. It would "swell up" as often as three times a week on the average, except during two years—the third third and fourth year of her life. The disappearance of the swelling at this time, the mother ascribes to her having used "fox grease" upon it.

Her menstruation has always been painful, scanty, and irregular; she has once, passed five months without menstruating. But whether she menstruates or not, the periodical day is generally announced by some tumefaction and pain in the original tumor, often a very severe pain; the pain occasionally making a sudden metastasis to the loins, or hips, or perhaps, the head. The pain and tumefaction, also, regularly subside after two or three days, although she may not have menstruated. She has a constant blenorrhagia from the vagina, and prolapsus of the uterus. When 15 years old she was seized with a sudden and unusually severe pain in the tumor, which lasted two or three days, and was relieved after an abrupt and copious discharge of offensive matter through the vagina.

Shortly after this event I first saw the patient, in consultation with Dr. Rhodes, then near Geneva, Jan. 1842. She was exceedingly feeble, and the original tumor (not the occasional tumor, which I designated as a "swelling") had within a few days attained the size of a large goose egg. A careful examination enabled us to determine that it was neither a hernia nor a lumbar abscess, to both of which it presented several points of resemblance. It fluctuated distinctly, and was exqusitely tender, but could not be made to retire within the ring. Dr. Rhodes opened it freely; it discharged a pale yellow serum. The probe introduced discovered an arrangement of the interior by septa into copartments, and a distinct and firm cyst involving the whole.

Three or four years since, it again enlarged in the same manner, and having attained about the same size, it was opened freely by Dr. Briggs, of Auburn. The matter discharged possessed the same character as before.

On the 9th inst., I was called to her again, she having now removed to this city. Her general health has somewhat improved since I saw her in 1842, but she has still vaginal blenorrhagia and prolapsus; she has also a polypus in each nostril; palpitation of heart; and has had, she now tells me, enlargements of the glands of the neck, and also in both groins.

The tumor has now swelled again for the third time, and, as has always been the case before it is opened, it is intensely painful, and she is compelled to seek her bed.

I opened it, and it discharged about two ounces of a pale yellow serum. A tent is left in the wound.

I have occupied so much time in the description of this case, because I believe it to be an *ovarian hernia*, a rare, yet possible accident, which has now become diseased, and has formed in this new bed a true *ovarian tumor*. The *occasional* swelling, which recured so often previous to puberty, although the mother thinks she never could reduce it by pressure, I believe to have been an intestinal hernia, which easily found its way through the track made by the ovary. The intestinal hernia was, however, prevented from decending when the ovary itself took on disease, which by enlargement and inflammation blocked up the channel.

The girl will not consent to its extirpation. I have omitted to say that the deformity of her thorax still remains.

BUFFALO, October, 1847.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Remarks upon the organization of the Medical Department of the Army, and the Effects of Marching and a Camp life in producing and modifying Disease. By W. B. HERRICK, M. D., Professor of Anatomy in Rush Medical College, late Surgeon 1st Regiment Illinois Volunteers, &c.

In compliance with the solicitations of many friends, and with the view of satisfying, to some extent, the desire manifested by our medical brethren for information concerning the medical department of our army in Mexico, we propose to lay before our readers, from time to time, such facts and remarks as we may deem most interesting and worthy of their attention.

As an introduction to our subject, we shall endeavor, at this time, to give a brief history of a surgeon's duties, as prescribed by army regulations, and to make a few remarks of a general character upon the effect of long marches and a camp life in producing and modifying disease.

With regard to the organization of the medical department, it may be stated that the Surgeon General, stationed at Washington, is charged with its administrative details, and has the control of all the officers belonging to it. He assigns the surgeons and assistant surgeons to regiments, posts, and stations, and all official communications from them are made direct to him.

The senior medical officer of every separate division of the army, in the capacity of medical director, inspects hospitals, sees that the necessary medicines are provided, and that the surgeons perform their duties and abide by the rules and regulations given for their government and direction.

The surgeon of a regiment, so far as his professional duties are concerned, obeys the instructions of the medical director, and is responsible to him for the order and neatness of his hospital, for the manner in which the assistants and attendants perform their duties, and for the comfort and proper treatment of the sick. It is his duty to keep, for the inspection of the medical director, a register containing the names and rank of the sick under his charge, and also, a prescription and diet book containing his written prescriptions and directions for every case.

It is the duty of the orderly sergeant of each company to make, to the surgeon, written morning reports of sick, and to see that those who are able, present themselves for inspection at the time and place appointed by the surgeon. Every surgeon or assistant surgeon, having charge of sick, makes monthly reports to the medical director, and every one attending to the sick of a regiment, post, or garrison, makes daily morning reports to the commanding officer with such remarks and suggestions in relation to whatever may affect the health of the soldiers as he may deem necessary and proper.

With regard to personal observation and experience, it may be stated that the writer of this communication joined the division of the army under General Wool, at San Antonio, Texas, about the first of September last, and was assigned to duty with the 1st Regiment Illinois volunteers, under the lamented Colonel Hardin, about the 20th of the same month, and continued with that regiment, for the most of the time, the only medical officer until the division joined the main army under General Taylor, near Saltillo, about the first of January of the present year.

It appears from our monthly reports, that from the 20th of September to the first of October, the whole number of cases treated in the regiment—the mean strength of which was, at that time, about 800—was as follows:

Remaining sick on the 20th,	30
Taken sick after the 20th and before the 1st of October:	
Of Miasmatic Fever,	45
Diarrhœa,	38
Dysentary,	2
Bronchitis,	20
Pneumonia,	3
Ulcers,	3
Abscess,	3
Cutaneous Eruption,	4
Fracture,	1
Total,	119
Aggregate,	149

It will appear, by comparing the above report for a part of September with those of other months which will follow, that the number of sick was much greater in proportion than at any period of time after, of the same length.

Among the causes which conspired to produce a greater amount of sickness at this time than at any subsequent period, the following may be mentioned, as, probably, among the most prolific:

The men had then been in service but a short time, and were suffering temporarily, from a change of diet and habits consequent upon exchanging the pursuits of civil life, and the comforts of home, for the duties of soldiers and the exposures incidental to a camp life. It is well known, also, that about a month previous to this time, the 1st and 2d Illinois Regiments, soon after the measles had prevailed as an epidemic in their camp, made the march from the coast to San Antonio just at the close of the rainy season, under a scorching sun, and over plains covered, in many places, to the depth of two or three feet with water. The effect of this first long march was most disastrous. Many convalescent from measles had relapses; others contracted severe bronchial affections or diarrhœa, and all suffered more or less from exposure and fatigue.

The above is the only instance in which marching proved detrimental to health. At every subsequent period during the campaign, the number upon our sick report diminished most rapidly, during and immediately after a long march, and as certainly increased after remaining in camp for any length of time.

Upon referring again to our sick report for the month of September, it appears that the 149, which was the aggregate, as before stated, were disposed of as follows:

Returned to duty, - - - - . -	95
Left in General Hospital at San Antonio, - - -	40
Discharged from service, - - - - -	5
Died, - - - - - - - -	1
Remaining on the sick list but convalescent and able to march, - - - - - - - -	8

It is a remarkable fact, that those of the sick who, in compliance with their own requests, were permitted to remain with the regiment and participate in the fatigues and exposures incidental to this long march, recovered more rapidly and were sooner able to return to duty, than others apparently as well but who were left behind in hospital.

It appears that of the one hundred and forty-nine treated during the last ten days of September, ninety-five were returned to duty before the first of October, and previous to marching. Most of these were convalescents from the different diseases above mentioned, who had been recovering but slowly whilst they remained still and quiet in camp, yet after a few days march, they improved most rapidly, and after a week or two were able to perform a day's march with as much ease apparently, as others. Protracted diarrhœa and bronchial affections, which had yielded but slowly under the most approved modes of treatment in camp and hospital, were apparently cured without medicine, by active exercise in the open air.

These facts as it appears to us, show that the advantages to be derived from this kind of treatment have been, in general, underrated by practitioners. From observing during the past year, the salutary effects of long marches in preventing and curing
we have become convinced that moderate and even active
in the open air, without medicine, is more beneficial in m

The preceding facts, as it appears to us, show that the difference in the amount of sickness occurring in camp and upon the march, is so great as to make it a matter of vital importance to our army, as well as a subject of interest to the profession.

As to the causes of this great difference, we may remark that the simple diet used upon the march, being less stimulating and irritating than the mixed food more readily obtained in camp, had a less tendency to produce diarrhœa and dysentery. The air, too in and around large encampments, becomes, after a time, vitiated, and tends really, no doubt, to the production of miasmatic and other diseases. But, above all, inactivity, both of body and mind, produces lassitude and general debility

Our remarks upon the above subject have already extended too far, perhaps, to be profitable to our readers; we shall therefore close for the present, remarking in conclusion that it is our intention to lay before our readers in the next number of our Journal, a brief history of some of the most important cases that have occurred under our observation; and also a short account of our surgical experience during and after the battle of Buena Vista.

Illinois and Indiana Medical and Surgical Journal.

Report of Cases of Typhus Fever, observed ..t the Lazaretto, near Philadelphia. By F. W. SERGENT, M. D.

During the month of June, I had the opportunity of observing, at the Quarantine Station, several cases of "Ship Fever," as it is called. The following notice has been condensed from observations made at the time.

There were thirty-seven cases of fever in all, of which thirty-three were taken from one ship, "The North Star;" the remaining four were taken from two other vessels, two from each. The two latter ships sailed from Belfast and Londonderry respectively; having on board their full complement of passengers, generally in good condition, and pretty well furnished with provisions and other necessaries. The "North Star" sailed from Liverpool with one hundred steerage passengers. Very many of them excessively poor, and already suffering in health in consequence of the discomforts to which they had been subjected in Ireland, and also in Liverpool, whilst waiting for a passage. The bread-stuffs which were laid in for their consumption during the voyage, were of a very inferior quality.

The general impression on board the vessel, was, that one of the passengers, a woman, was sick when she embarked. This person was extremely poor, and had been compelled to remain in Liverpool many weeks, amidst a crowd of emigrants, in a very miserable condition. She remained sick from the time the vessel sailed, during the whole voyage, aud was removed from the ship at the Lazaretto, in a state of great prostration, yet free from fever.

Syphilis,	1
Abscess,	4
Ulcers,	3
Fracture,	1
Rheumatism,	1
Tumors,	6
Scorbutis,	3
Fistula in Ano,	1
Anasarca,	1
Total,	81

From the above statement it appears that the number taken sick during the month of January, as compared with September was as 1 to 4, nearly; and as compared with October as 1 to 1·7.

That the health preserving influence of a long march is very great is made very apparent by this comparison of some of our monthly reports. Still, however, the statement, as made above, falls far short of exhibiting the full extent of its beneficial effects; for during a part of the months both of October and January, we were in camp, and consequently not experiencing, during the whole time, the beneficial effects of the march.

The comparison of some of our daily morning reports, exhibiting the number of cases treated from day to day whilst in camp, with others made during some of our long marches being free from the above objection, and therefore more strictly in accordance with facts, exhibits a still more remarkable difference.

From the first to the tenth of November inclusive, during which time we remained in camp, at Monclova, our daily morning report ranged from nineteen to thirty-two, averaging about twenty-five for each day. From the eighteenth to the twenty-fifth of December, on the other hand, whilst performing the rapid march from Panas to Saltillo, our morning reports ranged from six to eleven, averaging about nine per day.

The comparison of our monthly reports, for reasons before stated, makes the difference appear less than it really was. On the contrary, our morning reports whilst in camp, compared with those made upon the march, make it greater than the facts will justify, as it was our practice, upon starting on a long march, to leave our worst cases behind in hospitals. In accordanee with this practice, eleven of the worst cases in our regiment were left at Monclova when we left there for Panas, and nine at Panas when we left there for Saltillo.

After making all these allowances, and even admitting that the whole number left behind in Hospital would have remained upon the sick report during the march, had they continued on with the regiment, and still it will be seen that the amount of sickness upon the march would have been nearly one hundred per ce than when in camp.

quiet, manageable character, the patients keeping their berths, and exhibiting their aberration only in random, unconnected talking, more or less obstinacy in refusing artention and assistance, aversion to their children or friends. Some, on the other hand, were with difficulty restrained from wandering about the ship, and from making a great deal of noise, &c. &c. The more active delirium was most marked at night. Loss of strength was also a notable phenomenon connected with this stage of the disorder: it was common as well among the previously robust and well-nourished sailors, as among the passengers. This prostration affected the mind as well as the body. The sick generally became utterly careless and indifferent as to their own situation and condition, and unsolicitous for their nearest friends. In other instances, where there was every disposition to the performance of accustomed duty, the mind seemed to have lost all power of observation, and combination of ideas, and was incapacitated, equally with the body, for exertion; thus the captain and the mates became entirely unable to calculate the position, or to lay down the course of the vessel.

More or less fever was observable almost synchronously with the first complaint, in those patients whom I saw at the beginning of their sickness. The pulse in the first period, beat from 90 to 100; soft, regular, of good volume—the skin was warm and moist; the tongue covered with a thin, moist yellowish fur, excepting at the anterior extremity, which was clean; the bowels were not disturbed at first; indeed, in all the cases, according to the most accurate information I could gain, the habit was costive at the commencement; the abdomen was in every case retracted, rather than full; nausea and vomiting were rarely complained of; the thirst was generally marked, though not insupportable; the appetite was entirely lost; respiration was somewhat accelerated, in proportion to the frequency of the pulse, and the heat of skin; cough was an exceptional symptom in this stage, and when present it was very slight and dry, and unconnected with any appreciable rale. Bleeding at the nose occurred in four cases only, of the thirty-seven; at this period of the disease, the eye was clear but dull and heavy; thd cheek flushed, as in other febrile affections, acquiring at a latter moment the appearance common in typhus fever; the sense of hearing was slightly, if at all, obtuse.

The disease, when fully developed, was especially marked by increased oppression of the intellectual and sensorial functions. The mind became much more sluggish and dull; there was a more or less continued disposition to sleep during the day, frequently interrupted at night by delirium, generally of a non-violent character; muttering; the eyes suffused and void of animation; the cheeks covered with a dusky red flush, and the whole expression resembling that of a person very much intoxicated. The hearing was obtuse, sometimes very much so, accompanied generally by confused sounds, as of rumbling, or rolling, and the like. In one case only were there convulsions; but, with few exceptions, all had subsultus tendinum; in most this involuntary motion was confined to the rist and fingers; in some, the muscles of the face, especially those about the mouth, were in a state of almost constant agitation. This latter symptom (agitation of the muscles of the face,) is properly regarded as a very unfavorable one; of the three patients who presented it in the most marked degree, two recovered. The convulsion, in the single case alluded to, occurred on the ninth day from his first complaining, and lasted but a very few moments; there was a slight twitching of the muscles of the face, both sides equally, the eyes became fixed, and the limbs perfectly rigid, this did not recur. But for the succeeding twenty-four hours, he presented some singular symptoms; when asked to protrude his tongue, he replied that he could not; when asked any question, which would oblige him to converse, he replied thas he could not speak; he passed the entire twenty-four hours resting upon his left elbow, gently moving his body backwards and forwards, while in this position, nd could not be induced to lie down. This patient recovered very speedily, being dressed and walking out on the sixteenth day from he commencement of his illness, on the tenth from his admission nto the hospital.

The skin during this period became dry and hot; the calor mor- ax; the pulse increased in frequency, becoming at the same time ore feeble, sometimes undulating, its frequency was variable; thus, f 15 cases in which it was noted, its greatest frequency was in ach case respectively, 103: 98: 112: 80: 104: 128: 112: 100: 116: 5: 120: 124: 112: 140: 124. In two of the cases a remarkable minution in the frequency of pulse occurred during convalescence; us, in one patient whose pulse had been as high as 112, it fell ring convalescence to 36 per minute; in another, from 80 to 42; these two cases the pulse beat regularly throughout the illness; a few others it became irregular during convalescence; and in others again some irregularity occurred only on the approach of death. The action of the heart was carefully noted: the impulse was found to be feeble in every case; both sounds were distinctly heard, without unnatural murmur. The respiration was more frequent than in health, but not more so than might have been expected considering the more frequent action of the heart; in only four out of thirty-seven cases, was there any abnormal sound audible in the respiratory movements. In one there was always mucous rale over the lower part of the right lung, from the root downwards, without bronchial respiration, or increased vocal resonance; the percussion was appreciably more dull than on the left side; the period of the disease in which this condition occurred could not be determined, from the want of any accurate knowledge as to the date of seizure. In two cases the same condition was first appr ciable at the close of the second week. In the fourth instance a loose mucous rale existed about the root of the lungs, unacc panied with dullness; this also appeared at the close of the second week.

In one case only was there distension of the abdomen; it was generally of about the same degree of fullness as is common in health; in many cases, however, it was decidedly retracted. In one case only was there any perceptible sensation of gurgling upon pressing in the right iliac region. Of 32 cases, 19 had no diarrhœa; of these latter 4 were costive. The remaining 13 patients had from four to eight passages daily; the evacuations being thin and yellowish, free from blood. The urine in all was small in quantity, of a reddish-brown color, emitting a decided ammoniacal odour upon standing a short time. In four patients there was retention of urine, requiring the use of the catheter. The tongue was dry, in many cases covered with a dark brown incrustation and fissured; the teeth and gums at the same time covered with sordes. The surface of the body was in every case, excepting one, abundantly covered with petechiæ; this exceptional case presented in a very marked degree all the other symptoms of typhus fever. The petechial spots were of a purplish-red color, becoming darker a few days after their appearance than at first; beneath the surface, and unaffected by pressure upon it; very numerous; generally circular in form, but sometimes oval, varying in size from a line or a line and a half to a fraction of a line in diameter. There was also another sort of eruption, consisting of spots of a much lighter hue than the first, sensibly elevated, in most instances; generally oval in shape, but sometimes circular, and again having no definite form; in size varying from a fraction of a line to two lines in diameter; partially, sometimes wholly, disappearing under pressure. Both of these varieties were diffused over the entire surface, excepting the face and forehead, but were most abundant on the abdomen; the paler variety was more numerous than the other. In six cases of which I had the opportunity of witnessing the whole course, from before the appearance of the eruption, this was first distinguishable on the eighth day in one case: on the sixth, in two; on the seventh, in one; on the fourth, in two. The two varieties appeared simultaneously, but the paler receded first; the precise period of its disappearance I am unable to state; it probably took place, however, in the early part of the third week. In addition to these smaller spots, there were in a few cases large purple blotches, superficial stains of the surface, in which the circulation was extremely languid. Of 32 cases, only three had sudamina. In one of these their time of appearance could not be determined; they were very numerous over the neck and upper part of the chest anteriorly:—in another instance they appeared in the early part of the third week; they were not abundant, and were confined to the breast:—in the third, they appeared for the first time on the eleventh day upon the breast; had all vanished in the course of twenty-four hours, and again reappeared on the fourteenth day, very numerous and very large, and were diffused very generally over the trunk and extremities, being most abundant, however, over the abdomen. The peculiar odour exhaled from the body, noticed as existing in cases of typhus fever, was appreciable in the first period of the disease in most of the patients, and to a greater degree in the fully developed affection. At no time, however, and in no instance was it so very heavy and offensive, as it has been found to be in many epidemics of typhus fever.

There was more or less bleeding from the nose in 11 patients out of 32, during this second period; in one of these there had been previous bleedings; it recurred on the eighth day of the disease. The precise date of the bleeding could be ascertained only in one other instance; in this it occurred on the ninth day. The hemorrhage in all, excepting one instance, was very slight, and should rather be called an oozing of a thin pale-red fluid; in one case, however, it was very abundant, and was arrested with great difficulty, and only after the individual had fainted from loss of blood: this occurred before the ship arrived at the quarantine ground; the patient eventually recovered. In a few cases a similar oozing appeared to take place from the gums.

I can only state the period at which the change in the degree of illness occurred, in five patients, constituting what has been termed herein, the second period; the other patients came under my observation after this stage was fully developed. Considering this stage as characterized particularly by obtuseness of the cerebral functions it was developed in one case on the 8th day; in one on the 9th; in two on the 7th; in one on the 5th.

The ages of the patients were as follows: under 6 years, 3; from 6 to 20, 5; from 20 to 30, 17; from 39 to 40, 7; from 40 to 50, 5. The duration of the disease, from the time of sickening until the patient was able to walk about, free from ailment, was, as nearly as could be ascertained, in fourteen cases, as follows: 13 days in 3 cases; 14 in 1; 15 in 2; 16 in 3; 18 in 1; 19 in 1; 20 in 1; 21 in 1; 22 in 1. From the time that the patient became entirely convalescent, free from fever, &c., until he was sufficiently strong to be dressed, and to walk about the wards, an interval of only 3 days elapsed in 9 cases; of 4 days in 3; of 6 days in 2. Death occurred in one case on the 7th day of the illness; in three on the 10th; in one on the 17th.

The degree of emaciation was very moderate in all the patients who recovered; the digestive powers were speedily restored to their full force, and the natural embonpoint and strength quickly regained.

The appearances after death in four subjects which were carefully examined, were the following:

[illegible].—Moderate emaciation; rigidity of limbs; large ple[illegible] the flexures of the limbs, and on the inferior par the [illegible] no sudamina; in three the deep purplish-scarlet cir petechial spots remained more or less numerous, and diffused over the trunk and limbs, the lighter-colored spots having disappeared; the abdomen was retracted in all. The eyes were sunken, and the features pinched.

Contents of Cranium.—Cerebrum of excellent consistance. Cerebellum very slightly softened in three of the subjects. The venous sinuses were moderately full of a dark-colored blood, without coagulum; the ventricles contained, in each case, from ʒj to ʒij of serum, slightly stained; no injection of membranes, and no adhesion of them to the surface of the brain. A freshly cut surface of the brain exhibited not more than the usual number of bloody points.

The *Heart* in all had a somewhat flabby. soft feel, though the consistence of the walls was not appreciably diminished. The valves in all were healthy; the lining membrane of the cavities of the large trunks was stained; the blood was dark-colored and fluid, one only containing a coagulum, which was small, very soft, and pale. In all, the size of the heart was normal. The pericardial sac contained a few drachms of slightly-reddish serum, free from flocculi; the lining membrane unaltered.

The *Lungs*, in two instances, were perfectly healthy, excepting that some degree of congestion existed at the inferior posterior part; in one of these, a few delicate. pale bands of lymph were stretched across the right pleural cavity, evidently of old formation; in each of these cases, the pleural cavities contained between ℥ss and ℥j of stained serum, without flocculi. The bronchial membrane was stained corrospondingly with the tissue proper of the lungs, this stain was uniform, dark-colored, without abrasion or softening of the membrane. Death took place in these two instances on the tenth, and on the seventh day. In the other two instances, the right lung in each was slightly softened in the lower lobe, (which, however, contained air,) and deeply stained. The cavity of the right pleura was, in each instance, traversed by bands of lymph, pale in one, in the other stained, in both very firm; ℥j of stained serous fluid existed in each; in one of these latter instances the liver was firmly and closely attached to the diaphragm, by false membranes of old formation; in this case, death occurred on the seventeenth day. The bronchial glands were unaffected.

The *Liver* was not appreciably altered in any case.

The *Spleen* seemed of good consistence in all—tearing with a granular surface, and resisting pressure about as well as the spleen usually dose. Its size varied;—in one instance, it measured 3 by 3½ inches; in one, the dimensions were 2½ by 4 inches; in a third, 3 by 5; in a fourth, 4 by 7 inches. The color of the organ was bluish, with a perceptible tinge of green.

The *Kidneys* felt soft and flabby, but their consistence did not appear to be really diminished.

The *Bladder* offered no appearance of disease [illegible]

The *Stomach*, in three of the four subjects, was pale; in one, it was deeply stained at its greater curvature. In none was there any softening or abrasion of the mucous membrane; in two this was covered with a thick, viscid semi-fluid matter of a yellowish color. The organ was at a medium degree of distension in all.

The *Intestinal canal* in one instance was uniformly stained from the lower extremity of the jejunum to the transverse colon; there was no softening of the mucous membrane in this case, nor abrasion, nor inflammatory injection, simply, a dark-colored stain; the larger veins were turgid. The isolated follicles were visible, scattered here and there throughout the length of the small intestine, and less numerously in the upper part of the colon. The agmination follicles were very apparent in the lower half particularly of the ileum; the last three feet of the small intestine contained five of these patches of Peyer. The mucous membrane covering them was stained, as elsewhere, and the tissue of the glands themselves apparently slightly reddened also, the lining membrane of the canal was not very sensibly elevated at these points, nor abraded at all. Some of the mesenteric glands, near the lower extremity of the ileum, were enlarged and injected, of a reddish-brown color; most were very small; a few measured from ½ to ¾ of an inch in the long diameter. No softening in any instance.

In the other three subjects, the mucous membrane of the intestinal canal was pale. No turgescence of the large veins. In two, the glands of Peyer could not be seen at all with the naked eye; in in the third subject, they were numerous, their outlines well marked and the bluish dotted appearance within; no thickening, abrasion or discoloration of the mucous membrane covering them. In one the isolated follicles were not perceptible; in the other two, they were sufficiently numerous. In these three instances, the mesenteric glands were pale, and the largest scarcely the size of a pea. The large intestine exhibited no evidence of inflammation or softening, or any disease.

The serous membrane of the abdomen presented no departure from its ordinary healthy condition, excepting in the single instance already mentioned, in which the opposed surfaces of the liver and diaphragm were adherent.

The treatment consisted in the administration of tonics and stimulants, with the use of calomel in very small doses, combined with ipecac. or Dover's powder, or opium alone. The preparations of Peruvian bark, and chiefly sulphate of quinia, were the tonics made use of. Punch, carbonate of ammonia, brandy, &c., were the stimulant remedies most resorted to. As local applications, I found frequent cold sponging of the surface of great service, as were likewise blisters in some cases; also dry and wet cups, and [illegible]lating lotions. The diet consisted of farinaceous article[illegible] essence of beef, and, upon convalescence, a mixed animal, [illegible] regimen.—*American Journal of Med. Sciences.*

Case of William Freeman, the Murderer of the Van Nest Family.

By BLANCHARD FOSGATE, M. D., of Auburn, N. Y.

William Freeman—the murderer of the Van Nest family—was a native of Auburn, Cayuga Co., N. Y., twenty-three years old. In stature he measured about five feet seven inches, and when in health weighed in the vicinity of one hundred and fifteen pounds. He had a broad chest, and was of muscular make. With the exception of a slight admixture of aboriginal blood, he was of African descent.

At the age of sixteen he was sentenced to five years' imprisonment in the State prison at Auburn, for grand larceny. It was long since conceded that of this charge he was innocent. His sentence expired in September, 1845. He left his prison conscious of the injustice he had suffered, and had imbibed an idea that he was entitled to pay for his time. This sentiment could not be eradicated from his mind, and on several occasions he applied for warrants against those he supposed liable. Remuneration with him was the *one idea.* Failing in this mode of obtaining redress, he armed himself with a common butcher's knife, and a cane with a blade attached to the lower end, and from his lodging made his way toward the Owasco Lake, at about sunset on the 12th of March, 1846. After examining two or three premises, he finally selected the residence of Mr. Van Nest as the proper place to begin "his work," as he termed it, and there massacred Mr. Van Nest, his wife and one child, aged two years, and Mrs. Wyckoff, aged 70. He stabbed Mr. Vanarsdale in the chest, who subsequently recovered. In the affray he entered every room in the house, both above and below, but took nothing away. He went to the stable, unfastened and mounted a horse, and was some rods from the scene of devastation in the incredibly short period of not more than five minutes from the time of entering the house, as was proved in evidence. Three days afterwards he was committed to Cayuga county jail to await his trial.

He was tried at a special session of Oyer and Terminer, July, 1846—first, as to whether he was sane at the time of trial, and secondly, on the indictment. A verdict of *sufficient* soundness of mind to be put on trial was rendered on the preliminary issue, and of wilful murder on the indictment. Subsequently, however, a new trial was granted by the Supreme Court. A trial calling forth so much tallent in its prosecution, and arousing such fearful excitement among the people, is of rare occurrence.

On the part of the people, the cause was conducted by Hon. John Van Buren, attorney-general of the State of New York, and for the defence by Hon. William H. Seward; ex-governer of this State.

My knowledge of the prisoner commenced on the 16th of March 1845, being the day after his commitment, and it continued until the completion of a post-mortem examination of his body on the twenty-first of August, 1847.

During the scene at Van Nest's, he received a severe wound in the articulation of the right thumb with the carpus—the artery barely escaping division. This circumstance saved the lives of other members of the family, because, to use his own expression "he could'nt handle his hand any longer."

My services were required on account of this injury. In addition to the wound, I also found him entirely deaf in the left, and partially so in the right ear.

It was a singular circumstance that he never made an inquiry as to either the extent or condition of the injury, or the time necessary to complete a cure, or the prospect of recovering the use of his hand—though it was the right, and as a laborer was his main dependence. Neither did he complain of any sensibility in the wound, although the physical evidences of pain occompanying the inflammatory stage were such as to leave uo doubt of its existence. In fact from the time of his commitment until the day of his death, although he often saw, and was attended by me through his last sickness, he asked only two questions, one about his medicine, the other regarding his diet, and these were made during his last illness.

During the principal part of his incarceration, he passed his time standing; his body erect—his head a little drooping, and with arms folded. He sustained this posture with statue-like stillness—indicating great muscular strength. He exhibited a calm, quiet expression of countenance, occasionally broken by a smile, which had the appearance of just bursting into laughter, but would quickly subside leaving the same unalterable expression, as undisturbed as though a gleam of mirthfulness had never occupied his fancies. To the careless observer, it appeared as though he endeavored to suppress an irresistible propensity to laugh. This smile was never accompanied by any vocal sound, but often glowed upon his feature, regardless of time, place or circumstance, indicative of intense mental emotion. For this emotion he could never assign a cause. I say he never could, because, when asked, he always said he 'didn't know.' My conclusion is also based upon the remarkable fact, that on the trial *seventy two* witnesses on both sides coincided in the opinion, that the prisoner did not intend to deceive in any reply made to the numerous interrogatories put to him.

His deafness increased until the sense of hearing was nearly, if not quite, obliterated. I doubt whether he heard any conversation for the last two weeks of his life; at all events, I could not get a reply that harmonized with my question.

On the twelfth of April, 1847, I was called to see the patie being "not very well." He had a quick thready pulse—consid cough, with free expectoration—not much appetite, but rather thirsty. He made no allusion to these symptoms, but directed my attention to his left ear, which discharged pus profusely. From this time forth, the aural discharge continued, accompanied by all the symptoms of tubercular phthisis, until his existence terminated, six days after the chain that bound him to the masonry of his cell had been removed.

About three weeks previous to his decease, I observed a prominent protrusion of the left eye, and upon further examination there proved to be an entire obliteration of vision. He could not close the lids over it, for they, with all the muscles of that side of the face, were paralyzed, and the mouth considerably drawn to the right. The cornea of both organs had much the same appearance. The loss of vision, I am inclined to think, was the result of functional, not organic lesion. The protrusion depended most probably upon the loss of muscular power in its motor apparatus, in common with the muscles of that side of the face. The globe, in *articulo-mortis*, recovered in a great measure its natural location, as did the paralyzed muscles of the face—a common occurrence of facial distortion from nervous lesion at death.

Owing to insufficiency of light in the cell, but more particularly to the shattered condition of the patient—being deaf, almost blind, and nearly speechless—no satisfactory account of symptoms or the effect of remedies could be obtained from him.

As this case presents points of interest in many particulars, I would remark that phrenologically, Mr. Fowler says, "he is very defective in the mental temperament, and has great predominance in the muscular. His propensities (with the exception of self-esteem and firmness, very large—and combativeness and destructiveness, large) are all small, and have but little influence. The intellectual faculties are not so small, yet the quality of brain considered, their influance is quite limited. He has one of the most imperfect developments of brain I ever saw. He has no real balance to his mind; it is entirely onesided, he being at the mercy of circumstances, and the stronger propensities." (See *Phrenological Almanac* in press for 1848.) Another phrenologist, though of less notoriety, has allowed him a much better development; but whatever the external evidences of mind the contour of his head may denote, they all have reference to a healthy brain.

I have measured his cranium in two ways: First, by passing a string across the frontal and around the spinious process of the occipital bones. It measured, in the greatest circumference, twenty one inches. Secondly, after the directions laid down in Combe's phrenology by Callipers.

Viz. from	occipital spine to individuality	$7\frac{3}{8}$	inches
"	occipital spine to ear	4 4-8	"
"	ear to individuality	4 6-8	"
"	ear to firmness	5 3-16	"

"	destructiveness to destructiveness	$5\frac{3}{8}$	inches
"	cautiousness to cautiousness	4 7-16	"
"	ideality to ideality	$5\frac{1}{8}$	"

On proceeding to a post-mortem examination, the body was found extremely emaciated. The costal and pulmonary pleura, though easily separated, were extensively adhered, and the lungs were an almost entire mass of disease. Tuberculous matter was interspersed with abscesses throughout the whole organ. The pericardium contained about one and a half gills of serum. The heart contained polypi, but had a healthy appearance. Liver natural. Gall bladder a little distended. Mucous membrane of the stomach slightly inflamed. Intestinal mucous coat healthy. Mesenteric glands turberculous. Urinary bladder distended. Kidneys natural. The peritoneum appeared healthy, but the sac contained some fluid.

Upon opening the cranium, the bones were found rather thinner than ordinary, particularly for a colored subject, and the dura mater was adherent to a portion of the occiput. The anterior portion of this membrane was congested and inflamed, with considerable serum between it and the arachnoid. This latter tunic was somewhat thickened and congested. The anfractuosities of the right hemisphere of the cerebrum were filled with serum. The superficial vessels of the right anterior lobe highly congested on the superior surface. Cerebellum to all appearance healthy.

The whole brain, separate from the dura mater, weighed $43\frac{3}{4}$ ounces avoirdupois. Cerebrum 38 ounces. Cerebellum $5\frac{3}{4}$ ounces.

On section of the medullary substance, it was found thickly studded with bright red points. The right thalami appeared to have undergone some change, and the whole superior brain was more or less congested. The membrane covering the petrous portion of the left cavity was congested, and the remaining parts of it appeared healthy.

There was caries of the inner part of the petrous portion of the left temporal bone. The membrana tympani, with the internal structure of the ear, most obliterated. There was a necrosis containing fetid pus, having no perceptible connection with the external ear.

Remarks.—The important question connected with this subject is, whether the pathological state of the brain, its membrances and the ear, was one of long standing or of recent occurrence? On this point rests the physical evidence of the prisoner's accountability.—If by possibility it could be determined that the organ of mental manifestation was without disease when the crime was perpetrated, then depravity unparalleled must be assigned as the only cause; and if so, the disease of the organ at his decease could not be held in extenuation of his crimes.

That the diseased condition of the brain was of long st appears to be unquestionable from the fact, that the ment could not sustain so great a lesion as the autopsy presente out the mind having exhibited sudden and violent derangement, as well as other symptoms which accompany its acute diseases.—This, however, was not the case. He never complained of, or exhibited the ordinary symptoms in such instances, nor even gave evidence of any mental change whatever; but on the contrary, presented the same characteristics throughout. During his last sickness, there was not a single symptom indicating acute inflammation of the brain, and yet, on examination after death, there were abundant and unequivocal evidences of inflammatory action there.

The disease of the ear also was chronic, and dated its commencement some months previous to the commission of the crime. ' On his trial it was proved in evidence that about two years previous—when an inmate of the state prison—he was struck on the head with a board, the blow splitting the weapon into fragments. He attributed his deafness to this cause, or, to give his own description, "it knocked his words down his throat—his ears dropped down—his kernels (meaning the tonsils) dropped." Now the infliction of this blow upon a thin skull, associated with his own account of its effects, would lead us to conclude that the concussion seriously injured the auditory apparatus. It possibly burst the tympanum, and if so, it opened a communication between the external ear and the fauces, which induced the remark that "it knocked his words down his throat," &c. Is it not a just conclusion, that from this injury the diseased action was set up which ultimately involved the whole brain?

Whether the facial paralysis was the result of cerebral congestion, or whether it was owing to a diseased state of the nerves of motion in connection with the condition of the ossa petrosa, may be questionable, because the nerves, as they passed off the brain, were apparently healthy; but the right hemisphere of the brain being the most deeply implicated in the organic derangement, the paralysis would appear, as it did in this case, in the muscles of the opposite side.

It should not be forgotten, that the deceased had passed through scenes of blood seldom equaled, where but a single individual was the aggressor; that he had been surrounded by the wild fury of an enraged populace for hours; that he had been chained, and for a portion of the time bedded upon the stone floor of a dimly-lighted cell, for almost eighteen months; suffering the jeers and grimaces of inhuman and uncounted spectators; wasting by a slow process of consumption; sustaining the blight of one physical energy after another; with little compassion and less than ordinary attention; and through the whole period, having scarcely asked a question regarding either friend or foe, soliciting no favor, showing no hatred, exhibiting no remorse, entering no complaint, and through all, sustaining an *undisturbed tranquility.*

From this concatenation of circumstances, this unruffled, equable, almost idiotic state of mind, that no external relation could disturb, or internal influence alter, we can scarcely come to any other conclusion by pathological reasoning, than that the state of mind which he exhibited subsequent to his arrest, depended on a chronic derangement of the mental organ, and must have existed antecedent to the crime itself. If such a combination of pathological facts, and all the other circumstances attending the prisoner from his arrest to his death, do not establish an unsound state of mind, they at least present one of the most extraordinary cases furnished by the annals of our race. Such a case demands the careful consideration of the philosopher and jurist.

How much the cause of justice and philosophy is indebted to the unwearied perseverance of the eminent advocate who withstood the tide of popular indignation in conducting the prisoner's defence, is left for other hands to register; but true it is, that over prejudice and ignorance, science has gloriously triumphed.

Auburn, N. Y., Sept. 1, 1847. [*Am. Jour. Med. Science.*

Epilepsy—Letter from Paris by the Editor of the Southern Med. and Surg. Journal.

Gentlemen—Thanking you, as I have done privately, and now do publicly, for your kind offer to conduct the Journal during my unexpected, and I trust brief absence, I propose to send you a few items of Medical Intelligence by the steamer of the 19th. My sojourn here, however, has been yet so short, that I have but little to communicate.

Epilepsy.—You are aware that it is a case of this affection that has brought me here, and which supervened upon premature delivery. I left for the Journal a short article translated from M. Trousseau, containing the wonderful cures he had effected by prolonged warm baths, with a small current of cold water falling at the same time upon the head, in acute diseases within the cranium. I had come to Paris to consult Professors Velpeau, Rostan, and Trousseau, and have already accomplished my object. The latter gentleman, could not, because of previous engagements, meet at the consultation, and therefore made his visit alone. After obtaining a history of the case, which is briefly this—the first attack of convulsions coming on about three weeks after the premature accouchment, then the second about the end of the same interval, when subsequent recurrences varying from four to nine weeks—a permanent pain the head, which has never yet been entirely relieved—failure of all medication, as nitrate of silver, oxide of silver, arsenic, quinine, valerianate of zinc, hydriodate of potash, active purgation, ptyalism, seton to the neck, issues to the arm and leg, cold affusion to the head, diet, narcotics of various kinds, &c., &c., visit to the Madison Springs, Saratoga Springs, travelling, a sea voyage of thirty days—nothing as yet having interrupted the attacks. Prof. Trousseau recommended one medical and one surgical means—the powder of the root or leaves of *belladonna* in small regulated and guarded doses for several months, and *ligatures to the primitive carotids.* He was aware the latter proposition would not be sanctioned by the profession, but he repeatedly said were his own son affected with epilepsy, he would not hesitate a moment to ligate these arteries. We do not know what this disease is, he remarked, and so profound a change in the nutrition of the brain would be produced by closure of the carotids, that I know no means in this affection more available, or which promises as much as their ligation. Prof. Rostan assumed, in consultation with Prof. Velpeau, the management of the case, and promised very kindly to write out in full, directions for it. These I shall not get until too late for this mail. The plan, however, agreed upon by them, consisted in prolonged sedative baths to the skin, hot pediluvia, with cold stream of water to the head, regulation of the bowels, and the powdered root of belladonna.

There being no hereditary tendency in this case, and no permanent external symptom of disease in the brain, they all think, by great care and perseverance in the treatment, that it will be cured. They consider it a severe one, especially on account of its persistence, now sixteen months; and that it is cephalic, and not now dependent on the uterus.

Each of the above named gentlemen utterly refused any compensation for their services in this case.

I may also obtain the opinions of Drs. Marshall Hall, C. J. B. Williams, and Watson, of London, in reference to this case.—*Southern Med. and Surg. Journal.*

On the Cutaneous Eruptions Induced by Various Medicinal Substances.—*Opium.*—The eruptions which in certain individuals follow the use of the preparations of opium are always of an exanthematous nature. In general they consist of red isolated patches not unlike those of measles. This kind of eruption is rare.

The *solaneæ.*—The eruption induced by the ingestion of the preparations of this tribe of plants are also of the order exanthemata, and are as uncommon as those which are the effect of opium.—The patches are larger and irregular, resembling scarlatina.

The *oleo-resins.*—All the medicinal substances of this class are liable to be followed by cutaneous eruptions, but none so frequently as turpentine and copaiba. The eruption very much resembles that produced by opium and belladonna, being sometimes measly, at other times scarlatinous in its appearance. It is a rare exception to see either vesicles, pustules, or papules.

Cod-liver oil.—This medicine sometimes gives rise to a form of eczema, which appears generally about the fifth day from the commencement of its use; it is, however, rarely observed.

Iodide of potassium.—The eruptions which follow the use of this medicine are far from uniform, sometimes being eczematous, at others, pustular, as in acne. It sometimes happens that the skin escapes the action of the medicine, and that the mucous membranes are attacked instead; in such cases as we observe coryza and conjunctivitis, which cease as soon as its use is suspended, but which will not yield to topical treatment as long as the medicine is persisted in

The discrimination of the cutaneous affections which are induced by different medicinal substances taken internally, is of no slight practical importance; we have seen ignorance of these characters and causes give rise to unpleasant mistakes.—*From Annuaire de Therapeutique, in Provincial Journal.*

On the Food of Children.—By Dr. Thompson.—After some remarks on the relative quantities of nutritive matter in various articles of diet, Dr. Thompson makes the following useful observations on the appropriate food of children:

"Milk, in some form or other, is the true food of children, and the the use of arrow-root or any members of the starch class, where the relation of the nutritive to the calorifiant matter is one to 26, instead of being 1 to 2. In making this statement, I find that there are certain misapprehensions into which medical men are apt to be led at the first view of the subject. To render it clearer, let us recal to mind what the arrow-root class of diet consists of. Arrow-root and tapioca are prepared by washing the roots of certain plants until all the matter soluble in water is removed. Now, as albumen is soluble in water, this form of nutritive matter must in a great measure be washed away; under this aspect we might view the original root before it was subjected to the washing process, to approximate in its composition to that of flour. If the latter substance were washed by repeated additions of water, the nitrogenous or nutritive ingredients would be separated from the starchy or calorifiant elements, being partly soluble in water, and partly mechanically removed. Arrow-root may therefore be considered as flour deprived as much as possible of its nutritive matter. When we administer arrow-root to a child it is equivalent to washing all the nutritive matter out of bread, flour or oatmeal, and supplying it with starch; or it is the same thing approximatively as if we gave it starch; and this is in fact what is done when children are fed upon what is sold in she shops under the title of "Farinaceous food,"—empirical preparations of which no one can understand the composition without analysis. Of the bad effects produced in children by the use of these most exceptionable mixtures, I have had abundant opportunities of forming an opinion, and I am inclined to infer that many of the irregularities of the bowels, the production of wind, &c., in children, are often attributable to the use of such unnatural species of food. It should be remembered that all starchy food deprived of nutritive matter is of artificial production, and scarcely, if ever, exists in nature in an isolated form. The administration of arrow-root class is therefore only admissible when a sufficient amount of nutritive matter has previously been introduced into the digestive organs, or when it is unadvisable to supply nutrition to the system as in cases of inflammatory action. In such cases the animal heat must be kept up, and for this purpose calorifiant food alone is necessary. This treatment is equivalent to removing blood from the system, since the wasting of the fibrinous tissues goes on, while an adequate reparation is not sustained by the introduction of nutritive food. A certain amount of muscular sustentation is still, however, effected by the arrow-root diet; since, according to preceding statements, it contains about one third as much nutritive matter as some wheat flours. The extensive use of *oatmeal*, which is attended with such wholesome consequences among the children of all ranks in Scotland, is, however, an important fact, deserving serious consideration, and it appears to me, is strongly corroborative of the principles which I have endeavored to lay down.—*Experimental Researches on the Food of Animals*, 1846, p 169—171.—*Ib.*

Epidemic Cerebro-spinal Meningitis in Missouri—In our number for August last, (p. 506,) we inserted in the "Record" department a communication, addressed to the *New Orleans Medical and Surgical Journal*, on the subject of a highly fatal disease, which prevailed in the early part of the year in Missisippi and Tennessee, and was manifestly an affection of the same character as one which visited with fearful malignity different towns of France, attacking principally the common soldiers of the garisons. It was seen also in Ireland in 1846; and everywhere has presented the same great general characters. The term *cerebro-spinal* seems to be applied to it with propriety, and it evidently attacks, in a marked manner, the gray matter in the centre of the cord—the nervous system of reflex actions. It would appear from the following extract of a letter, addressed to Professor Dunglison by Dr. W. C. Philips, dated Rocheport Boon county, Missouri, September 13th, 1847. that the scourge has been devastating localities widely apart from each other, and it is not improbable that it may extend elsewhere.

"I take the liberty," says Dr. Philips, in his intelligent epistle, "of advising you of the prevalence of a disease. that has excited considerable interest in this country, from its nondescript and fatal character.

"*Symptomatology*. There are no invariable symptoms attending it, Generally, the patient has been in ordinary health, pursuing his accustomed occupation, and the first indication he has of the approach of the disease is, perhaps, a pain in the head, foot, arms, legs, eye, brain, lungs, stomach, or bowels. Any one, or a number of these locations in connection, may be primarily affected—sometimes there is a sensation of cords drawing at the back of the neck, producing stiffness. In one case, there was contraction of the occipito-frontalis, and the muscles of the face. In many cases, there is so much soreness of the surface, as to render the smallest amount of clothing intolerable. It is usually ushered in with a chill of variable intensity, succeeded by similar reaction, and this reaction is followed in from 3 to 12 hours by a second chill, and if disorganization has not previously taken place, (which is often the case) it appears to accompany, or immediately succeed it. In many cases, there is excruciating pain in the arms, legs, and other parts of the body, and this pain, when located in the limbs, is often accompanied by swelling of the joints and more or less loss of the use of the limbs, with stiffness and inability to move them. These pains are sometimes permanent, but at others, shifting from one point to another, The neck is often drawn backwards or forwards at an angle of almost 45° from its natural position, and so rigidly fixed, that it would break it short off to force it to resume its physiological position, and is swollen very much larger than its ordinary size. The external surface is sometimes beautifully spotted; and in a few cases there was an exanthematous eruption. The nervous system is deeply involved. There may be profound coma,—wild and furious delirium,—subsultus tendinum, &c., apoplexy and paralysis. In one case, there was blindness of one eye, accompanied with permanent pain in the head; also swollen joints, (terminated fatally.) Lungs may or may not be implicated. Stomach the seat often of nausea and vomiting. Bowels, nothing characteristic. In a few cases, there was gastro-enteritis. Trismus occurred in one case. In other cases, there was an inability to swallow any thing, from the swollen and painful condition of the larynx and pharynx.

"*Etiology*. Most common from 10 to 15 years of age; but occurs at all periods of life. It resembles in many respects the prevailing disease of our country, (at the time of its occurrence last spring,) which was a modified form of pneumonia. There was, in both, the same soreness of the surface. The chill ushering in; the pneumonic symptoms and the swelling of the joints were similar; and the worst forms of the prevailing disease, and this malignant scourge, were similar in their duration, termination, &c. From these facts I infer, that they are produced by the same general cause, and that there exist local causes where it prevailed gi
its malignant type. The disease is confined to a section of
try in the Missouri River bottom, which was the seat of a

overflow, 1844, at which time an extensive layer of sand was deposited upon the soil, entombing large crops of vegetable matter. After the overflow, this bottom has been unusually healthy until last spring, whilst the rest of our country has suffered far more from disease than usual. Would it be philosophical or scientific to say this overflow produced these local causes?

"*Prognosis* is unfavorable: five-sixths die. In many cases, it is death *ab initio*. When fatal, it is generally so in from six hours to two days."—*Med. Examiner.*

Burnett's Disinfecting Fluid.—The chloride of zinc in solution, it appears from a parliamentary document which has just been issued, has been employed extensively as a disinfectant in dissecting rooms, the wards of hospitals, and in the royal navy, and, according to the reports which we have seen, has been eminently successful in effecting the objects for which it is designed. The medical officers at Haslar Hospital state that it has been used in that hospital in the close stools of patients affected with dysentery, in the water-closets and cesspools, and also in the wards, when the air was tainted by purulent expectoration or discharge from sores, with the effect of immediately removing the disagreeable odours. It has also been used in surgery with good effect, in removing the smell of putrefying animal substances, and the odour of dead bodies under inspection: when employed as a dressing to ulcers, it removes the disagreeable smell of purulent matter, and, in the proportion of one part of the clear solution to eighteen of water, it preserves subjects of natural history from putrefaction, and in a fit state of anatomical inspection, after more than a year has elapsed. A similar testimony in favor of the solution of the chloride, is borne by the assistant surgeon of the Marine Hospital at Woolwich, who adds, "the great advantage which the chloride of zinc possesses over other agents employed for a like purpose, is, that it removes the disagreeable effluvium, without leaving one little less offensive in its room, and may therefore be made use of wherever this effect is required—in private as well as public buildings, in the sick bed chamber no less than in the crowded ward. The method adopted at this hospital is to supply each of the wards with a bottle of the diluted solution, which the nurses have directions to use whenever occasion may require, besides sprinkling it over the floors before the morning and evening visits are made.

Its utility in the dissecting-room is confirmed by the statements made by Mr. Bowman, Dr. Sharpey, Mr. Patridge, Dr. Murray, and Dr. V. Pettigrew, who concur in asserting, that in a proper degree of dilution its success is complete, and that it appears to preserve the color and texture of the parts very admirably. It has, futher, the very important advantage of not acting on the steel instruments employed, being in this respect equal to alcohol. Dr. Methven especially mentions an instance in which the solution corrected advancing putrescence, and enabled him to dissect during July. He believes, further, it will be the means of saving many valuable lives, which are annually lost by wounds received in the course of dissection, as, while dissecting this putrid body, he cut himself several times, and once received a punctured wound, without any bad consequences arising. Mr. M'Bain, of the "Mastiff," adds his testimony "to the rapid and perfect effects of the chloride of zinc solution upon animal matter in a state of putrefaction. Having frequently opportunities of dissecting or examining large fish, &c., cast on shore, whilst undergoing decomposition, the task has been occasionally any thing but agreeable, for want of a convenient power to destroy the putrefactive process. The chloride in these cases acts like magic; and as a great practical agent over one of the most import conditions of animal and vegetable matter—viz: putrefaction, it stands unrivalled." Its influence on board ship, in annihilating the offensive smell of bilge-water, and in sweetening between decks, is shown by the united evidence of captains, surgeons, and masters in the royal navy. Among other vessels, it was used on board the "Victoria and Albert" royal yacht, to remove a more than ordinary stench of bilge-water, and other offensive odors, with the most complete success. The surgeon states that she has remained comparatively sweet ever since, and when a bilge-water smell is occasionally perceptible, a slight application of the fluid removes it. The solution has also been used for very disgusting privies, &c., effluvia from which, it quickly neutralizes.—*London Lancet.*

Sketches and Illustrations of Medical Quackery.—Homœopathy.—The following case of administering powerful drugs in large doses under the guise of homœopathy, is noticed in the *Medical Gazette* as having recently occurred in London:—

"A lady who had been attended by a highly respectable general practitioner, recently consulted a homœopathic physician, who has acquired some celebrity in the fashionable quarter of the metropolis, for his skill in treating and *curing* diseases by infinitely small doses. She received from him four small white powders, with explicit directions, (now lying before us,) one to be taken every other night,—each powder being numbered, and the night on which it was to be taken, as well as the mode of taking it, being particularly specified—'all dry on the tongue.' No. 1 was swallowed according to order, and the patient was soon afterwards seized with great sleepiness, stupor, and other alarming symptoms indicative of the action of a powerful narcotic. These effects were followed by diarrhœa. The patient was alarmed, and instead of looking upon the result as an indication of the beneficial working of homœopathic powders, or as a means of curing her of any latent skepticism respecting the efficacy of infinitely small doses, she was prudent enough to return to her old medical friend, to whom she handed the remaining powders, with the directions. This gentleman, suspecting that they contained some active narcotic, caused them to be submitted to a chemical analysis. We have now the report of this analysis before us, and of it we shall make the following abridgment. The powders were numbered 2, 3, and 4. They were *similar in appearance*, except that No. 3 was somewhat whiter than the other two: there was nothing to indicate that they were of different composition; and as they were to be taken in the same way on alternate nights, this could not possibly be suspected.

"Although there was no great dissimilarity in bulk, the powders were very unequal in weight. No. 2 weighed 3·4 grains; No. 3, 1·5 grains; No. 4, 2 grains. No. 2 was found, upon analysis, to consist entirely of calomel and *morphia*, the morphia forming not less than *one grain*. No. 3 contained no morphia or calomel, nor any mineral or other substance, but merely *sugar of milk*. No. 4 was composed of calomel and morphia, the morphia amounting to one half grain."—*Pro. Med. and Surg. Journal*, Aug. 25, 1447.

Death by Strychnine—Report on the Case of the Late Dr. W. C. Warner.—At a late meeting of the Addison County Medical Society of Vermont, the undersigned were appointed a committee to ascertain the facts in the case of one of their members, the unfortunate William Cullen Warner, M. D., of Bristol, who deceased, suddenly, at Montpelier, October 11th, 1846, in the thirty-ninth year of his age, while he was a member of the Legislature.

On account of there having been considerable discrepancy in the the published reports in relation to this melancholy event, the committee addressed letters of inquiry to the Hon. Daniel O. Onion, M. D., of the Vermont Senate, and to Charles W. Horton, M. D., Member of the House, each of whom, they had learned, were present during most, if not all, the period of the sudden and tragical event. To the inquiries of the committee each of these gentlemen has given prompt and satisfactory replies, which in substance are here subjoined.

1. In your opinion how much sulphate of strychnia was taken?

To this Dr. Onion answers, "I think probably from one-fourth to one-half a grain. As he intended to take, and supposed he was taking, morphia, he would be likely to use the same quantity he was in the habit of usuing of that article, although there was no evidence at the time of the quantity taken." To Dr. Horton, who was called into the room immediately after the accident, Dr. Warner said, "Dr., I have taken by accident an over dose of morphine;

help me if you can," at the same time handing him the phial enveloped in paper.

2. How soon after was any effect produced?

Dr. Horton says, "It is my opinion, from facts subsequently obtained from Gen. W. Nash, who occupied the same room with him, that he felt the effects in less than five minutes."

3. What was the first symptom?

Dr. H. replies, "constriction of the throat and tightness of the chest, with rigidity of the muscles in attempting to move." Dr. O. says, "He first complained of a want of air, and requested the window to be raised; whether it was from faintness or a constriction about the respiratory organs, I do not know, although I think the latter."

4. What symptoms ensued from the first till death occured?

Says Dr. O., "When I first saw him, he was lying upon the bed in a complete *tetanic convulsion;* his head somewhat drawn back; his countenance completely livid, with some frothy matter issuing from his mouth, with frequent moans. The palpebra constantly in motion. This first paroxysm may have lasted some five minutes, which was succeeded by an interval of partial calm." "During this interval," continues Dr. O., "it was somewhat difficult for him to articulate with distinctness. He made several attempts to vomit in this interval, by exciting the fauces with his finger. There seemed to be some constriction about the throat, as it was difficult for him to swallow." "This interval lasted perhaps five minutes, when another paroxysm commenced by a little starting and stiffening of the extremities, and immediately the whole body was thrown into a tetanic paroxysm, in appearance like the first, and lasted two or three minutes, when death ended the struggle."

"In about three minutes from the first paroxysm," says Dr. H., "the tetanus again returned, and in the space of two minutes death closed the scene, with terrible spams of the entire system. The pulse remained unaffected till the last struggle. It is my opinion that the immediate cause of death was suspension (?) from spasm.

"His appearance," says Dr. O., led me to believe that death ensued from asphyxia or suffocation. There must have been great congestion of the brain, which of itself might have proved fatal."

5. How soon after taking the article did death occur?

Dr. H. says, "From the best information which I could obtain, I should judge that death ensued in fourteen minutes." "The time from taking the article till death ensued," Dr. O. remarks, "could not have been over twenty minutes."

6. Did his mind remain clear to the last struggle?

"I think," replies Dr. Dr. H., "that he was perfectly conscious from the first to the last, except in the paroxysm of tetanus, from the following facts:—1. His appeal which he made to me, as noted in the first article. 2. On loosening his cravat, he requested me to unbutton his vest, at the same time desiring me to take out his gold watch and take care of it. 3. An emetic having been administered, he applied his finger to his throat to produce a nausea. 4. And, from the last words he uttered, '*I fear, I fear, O God deliver me.*'"

7. What means were used to prevent the fatal result?

Dr. H. says, "On witnessing the the first symptoms, I left the room for the purpose of obtaining medicine. I procured an emetic of sulphate of copper and ipecac; but returning and finding him in a tetanus, I immediately dashed cold water on his head, face and breast, and used the most powerful friction on the extremities. He returned to a state of perfect consciousness. I then proceeded forthwith to administer the emetic, making use of diluents copiously. I sent a messenger for some vinegar and ground mustard, another for a stomach pump. I used the ground mustard, in warm water freely, to all of which the patient submitted, seeming to be very grateful for the efforts which I was making for his relief. The means were used without any apparent effects." "When death had ensued, a number of the medical fraternity being present, we retired into an adjoining room, when the fatal bottle was produced with the wrapper still around it. On removing this, it was found labelled 'strychnine.'" Dr. O. states, that "till this time, we were in ignorance of what he had taken." Dr. H. avers, "that here I wish definitely to state, that before the last paroxysm came on, I was fully convinced in my own mind that the fatal drug was not morphia but strychnia, and I so declared to those present at the time."

From facts before the committee, derived from reliable sources, it appears that on the afternoon of the second day before the fatal accident, Dr. Warner called at an apothecary store in Montpelier. and asked for and purchased what he supposed to have been a bottle of sulphate of morphia. This was handed to him by the apothecary, enveloped in a brown paper and twisted at both ends. That on the fatal morning Dr. W. tore off the envelope surrounding the mouth of the bottle, and took a portion of what he supposed to have been morphia. He then proceeded to pour some of the supposed morphia into a small vial in which he had been in the habit of carrying sulphate of morphia, when he was suddenly arrested by the symptoms narrated. It is quite clear that he never entertained any idea of the fatal drug he had taken. "I am certain," says his afflicted mother, "that he never for a moment suspected that he had taken strychnia, and was wholly unconscious of the agency which had produced his awfully unprecedented sufferings."

Dr. W, had never possessed very firm health, and for about two years before his death he had suffered from an inordinate action of the heart, for which he had occasionally taken morphia. This affection of the heart had been the sequence of an inflammatory action of the chest, which he had early in the year 1844.

The committee have taken considerable pains to ascertain the facts in this melancholy instance of death from a mysterious mistake. The mistake was certainly a singular and myterious one, both in relation to the apothecary and the unfortunate man. It apappears that Dr. W. asked for sulphate of morphia; the apothecary intended and supposed he had sold him morphia till after the fatal event, when he found, through mistake, he had given him, enveloped in a paper, a bottle of sulphate of strychnia in lieu of morphia. This exposition of facts appears to be demanded in justice to the character of the deceased, to the apothecary, and to the medical profession.

In a medical point of view the case is one of much and deep interest, since it so clearly manifests the true and energetic character of this somewhat new medicinal agent. And in a medico-legal consideration, it may prove of immense importance. In the suddenness of the effects, and in the quickness of the fatality, from the use of strychnia, this case is probably without a precedent. Christison, Pereira, and several monographical writers, in the periodicals, have recorded some bad results, and some fatal cases, from over dosing with this agent: but no instance has fallen under our notice in the human subject in which its administration, either accidentally or otherwise; has so speedily and terrifically proved fatal.

"No poison," says Christison, "is endowed with more destructive energy than strychnia." "I have," he adds, "killed a dog in two minutes with the sixth part of a grain, injected in the form of an alcoholic solution into the chest. I have seen a wild boar killed in the same manner with the third of a grain, in ten minutes; and there is little doubt that half a grain thrust into a wound might kill a man in less than a quarter of an hour. It acts in whatever way it is introduced into the system, but most energetically when injected into the veins."

With the exception of prussic and oxalic acids, there is probably no agent possessing an equally destructive power. Strong prussic acid is well known to be sufficiently energetic to destroy cats or dogs, when properly administered, in less than a minute. And Pereira examined the body of a man who had accidentally taken oxalic acid in lieu of Epsom salts, and died in twenty minutes.

JONATHAN A. ALLEN, M. D.
ERASMUS D. WARNER, M. D.
WM. P. RUSSELL, M. D.

—*Bos. M. & S. Jour.*

Valerianate of Zinc.—Dr. Neligan gives the following account of the mode of preparing, and medical properties of this [illegible] remedy.

Preparation.—"Take of the bruised root of valerian, two p
water, eight pounds; sulphuric acid, three ounces one d

macerate for two days, and distil until the liquid no longer reddens bibulous paper. Let the distilled liquor be then exposed to the air for a month, at the end of which time, put it into a matrass, with half an ounce of recently precipitated, perfectly pure, hydrated oxide of zinc, and digest for from eight to ten hours on a sand-bath, heated to 176 degrees F., stirring occasionally. Filter the warm liquor, evaporate it to three-fourths of its volume, pour into porcelain capsules, and expose to the heat of a stove until crystals are formed, which are to be dried with filtering paper.

Therapeutical Effects.—Valerianate of zinc is a tonic antispasmodic of much power, and as such, is peculiarly adapted for the treatment of neuralgic affections, which are so generally dependent on loss of tone in the system. It has been found especially useful in the treatment of facial neuralgia and of vertigo; but I have seen it prove equally beneficial in most of the Protean forms of hysterical neuralgia. In short, I look on it as one of the most valuable modern additions to the materia medica; and I fully agree with the observations of Devay, that the chemical combination proves much more beneficial than the oil of valerian and oxyde of zinc prescribed together.

"*Dose and Mode of Administration.*—The dose of it is from three-fourths of a grain to one grain twice or three times a day; it may be prescribed in the form of a pill made with a little mucilage or conserve of red roses, or in solution in orange-flower water, or in distilled water flavored with syrup of orange-flowers. The compounder must bear in mind, that the crystals of valerianate of zinc do not dissolve readily in cold water, floating on the surface, in consequence of their lightness; they should, therefore, be first incorporated with a few drops of water in a mortar.

"*Incompatibles.*—All acids; the soluble carbonates; most metallic salts; and astringent vegetable infusions or decoctions."—*London Med. Gazette, May* 1847, *from Heller's Archiv.*, 1846.

EDITORIAL DEPARTMENT.

Clinical Instruction.—The claims of clinical instruction are now so well understood and generally appreciated by the medical profession, that to propose it as a topic for discussion in the pages of a medical journal, would be deemed ridiculous, and to amplify upon its importance, a work of supererogation. We have no intention of insulting the intelligence of our medical readers by a formal advocacy of the advantages which accrue to medical science, and to the public, by associating, as far as practicable, with didactic, bed-side teaching. By the former the prominent facts of medical science may be presented, its principles inculcated, its methods of investigation explained, and, in a word, its philosophy fully expounded; but by the latter, pursued conjunctively with the former, these facts are demonstrated, principles illustrated, methodical investigations exhibited, and the philosophy, in a measure, brought under the cognizance of the senses. In view of the great importance of clinical instruction (which has been more and more appreciated as our science has advanced, and greater attention bestowed on the subject of medical education;) efforts have been made, and are now being made to incorporate it more fully with other branches of the study of medicine, and, at the same time, to develop and increase the availableness of its resources. As we have said, we need not occupy space, at this day, to convince medical men of its value as an element of medical education, and we have no design to intrude considerations which are familiar even to triteness; but it has occurred to us, that a few remarks respecting the means by which objects of clinical instruction are to be secured, and the degree of responsibility for the furtherance of these objects which rests upon the profession at large, may not be regarded as entirely misplaced, or superfluous.

There are two sources whence facilities for clinical instruction are derived. One of these is Dispensary practice, and public charitable institutions, like alms houses and hospitals, constitute the other. The first is excellent as far as it goes. It is abundantly available for a large proportion of surgical, and a considerable number of medical diseases. The establishment of dispensaries, or *cliniques* as they are miscalled, in most of our medical schools, is a plan of somewhat recent date, and in our view, is productive of much good; but it is obvious that it excludes diseases, and injuries which confine patients to the bed. So far as the latter are concerned, clinical, or bed-side instruction, in the literal signification of these terms, is alone applicable, and this can only be given at the public institutions named. In France, England, Germany, and we suppose, most countries of civilized Europe, these institutions are made subservient to purposes of medical education. The medical officers are generally teachers, and sometimes it is rendered obligatory that the physicians and surgeons connected with such institutions shall devote a certain portion of their time to oral instruction. It was one of the most prominent of the recommendations adopted by the late medical convention in France, that this obligation shall be enforced in all cases. In the report of the committee on medical education adopted by the second American National Medical Convention, this subject was urged upon the attention of the profession. But no authority, nor argument need be adduced to sustain the broad principle, that science, medical education, and public welfare, are alike promoted by making all charities instituted for the support of persons diseased or disabled, *Schools of Medicine.* No intelligent medical man, surely, will refuse his assent to this principle. But, with respect to this,as as well many other subjects connected with the medical profession, the public requires to be informed, and the objects of clinical instruction cannot be fully secured, until this end is accomplished; for many, if not most charities are not only dependent upon the public for their support, but public sentiment controls the details of their management. Who are to enlighten the public on this subject, to explain its importance, to show its direct bearings upon the best interests of the community, and to remove prejudices which may exist, if not the medical profession? How can the end be attained except the profession be as united in action and influence, as they are really in opinion and sentiment upon this subject? If these interrogatories convey the force which they appear to us to possess, it must be apparent that the medical profession is in fact responsible for the co-operation of the public in the matter of which we are speaking. The sensible portion of every community cannot fail to adopt just and liberal views respecting it, if it be fairly presented; they will realize its importance, and see the extent to which their own interests are involved in the action which they may take respecting it. Here, as in the instance of the legalization of Anatomy, all that is wanting is for the profession to be true to itself, and to the requisitions of science and humanity. The profession have it in their power to so enlighten popular sentiment on the subject, that it will never consent that medical education shall be deprived of the advantages of clinical instruction. It would be a libel on the profession to assert that the united efforts of its members are insufficient to place this, as well as other kindred subjects, before the public in such a light, that it will cheerfully yield its co-operation in measures tending to promote and extend the usefulness of medicine. We would respectfully, but earnestly commend this train of reflection to our readers, and ask each to inquire of himself, in how far am I personally chargeable with the indifference, or indisposition on the part of the public to provide facilities for clinical instruction, by consenting, nay, insisting that charitable institutions shall be made subservient to that object.

In facilities for clinical instruction, medical education labors under embarrassments in this country, greater than in France or Great Britain. If we mistake not, the superior educational advantages of some European schools over those of our own country, consist chiefly, or entirely, in their having at control a greater extent of these facilities. In conjunction with these facilities, in England and France, more particularly in the latter, are more ample opportunities for the various pathological researches to which public institutions are eminently adapted; and hence it is that the profession of our country is not furnishing its quota to the accumulating stock of medical knowledge. We believe we do not assume too much in saying, that the medical profession of the United States embraces a larger amount of talent and industry than would perhaps appear from a comparison with some other countries as regards results conducive to the progress of medical science; and one reason, if not the chief reason for this contrast in such results is, that our Hospitals and Alms-houses are less extensive in the first place, but, in the second place, they are less available for scientific purposes. Why is it that from Paris have emanated so many valuable discoveries and improvements in all the departments of medicine and surgery, and that such astonishing zeal pervades the entire profession? The answer to this question, is, that the Public Eleemosynary institutions of Paris are tributary to medical education and the advancement of medical science, as well as to the more immediate ends of charitable relief. These objects, instead of conflicting with each other, ensure a greater mutual advantage. Scientific interest increases the direct benefits are derived by those who become candidates for public cha institutions shall devote a certain portion of their time to oral instruction. It was one of the most prominent of the recommendations adopted by the late medical convention in France, that this obligation shall be enforced in all cases. In the report of the committee on medical education adopted by the second American National Medical Convention, this subject was urged upon the attention of the profession. But no authority, nor argument need be adduced to sustain the broad principle, that science, medical education, and public welfare, are alike promoted by making all charities instituted for the support of persons diseased or disabled, *Schools of Medicine.* No intelligent medical man, surely, will refuse his assent to this principle. But, with respect to this,as as well many other subjects connected with the medical profession, the public requires to be informed, and the objects of clinical instruction cannot be fully secured, until this end is accomplished; for many, if not most charities are not only dependent upon the public for their support, but public sentiment controls the details of their management. Who are to enlighten the public on this subject, to explain its importance, to show its direct bearings upon the best interests of the community, and to remove prejudices which may exist, if not the medical profession? How can the end be attained except the profession be as united in action and influence, as they are really in opinion and sentiment upon this subject? If these interrogatories convey the force which they appear to us to possess, it must be apparent that the medical profession is in fact responsible for the co-operation of the public in the matter of which we are speaking. The sensible portion of every community cannot fail to adopt just and liberal views respecting it, if it be fairly presented; they will realize its importance, and see the extent to which their own interests are involved in the action which they may take respecting it. Here, as in the instance of the legalization of Anatomy, all that is wanting is for the profession to be true to itself, and to the requisitions of science and humanity. The profession have it in their power to so enlighten popular sentiment on the subject, that it will never consent that medical education shall be deprived of the advantages of clinical instruction. It would be a libel on the profession to assert that the united efforts of its members are insufficient to place this, as well as other kindred subjects, before the public in such a light, that it will cheerfully yield its co-operation in measures tending to promote and extend the usefulness of medicine. We would respectfully, but earnestly commend this train of reflection to our readers, and ask each to inquire of himself, in how far am I personally chargeable with the indifference, or indisposition on the part of the public to provide facilities for clinical instruction, by consenting, nay, insisting that charitable institutions shall be made subservient to that object.

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the inducements furnished by the responsibilities of teaching, develop greater ardor of investigation, and the latter obviously contributes to the value of the instructions given. Thus, each separate branch of utility, the more effectually it is carried out, provides for the more complete fulfilment of the other branches. These remarks express mere truisms, which every reflecting Physician considers as such. But it is not enough that they are so regarded by the Profession. The public should so regard them, and it is for members of the medical profession, in their intercourse with the community around them, and by such associated action as shall seem judicious, to place the subject in a proper light before the public, so as to secure, in behalf of medical education, and medical science, in this country, facilities not inferior to those elsewhere enjoyed.

Since the foregoing was penned, we find some evidences that the Profession and Public are becoming more alive to the subject in the city of New-York, by an editorial article in the Annalist. The extensive Alms-house Hospital at Bellevue, it seems, has not heretofore been conducted with reference to clinical instruction; but a change is about to be made, in which this and other scientific objects are to receive their proper share of attention. We will take the liberty of quoting a few paragraphs from the article referred to, containing views and wishes in which every sincere friend of our science and profession will heartily concur:—

"It seems now to be generally agreed, that the report of the Committee of the Common Council, charged with the reform in the Medical Department of this Institution, will be accepted by the City Fathers. This important measure has long been ardently demanded by the Profession, and they, to whose good sense and philanthropy it shall owe its adoption, will richly deserve its thanks. * * * It has long been a disgrace and an injury to American Science, that an institution, embracing such an infinity of cases in every department of practice, offering so extensive a field for the exercise of the skill and sagacity of many members of the healing art, and so valuable a school for its junior aspirants, should have contributed nothing to the advancement of medical learning, and have been closed against those who would have done honor to its name, and whose zeal would have advantaged its suffering inmates; the recesses of which would have opened to the student an exhaustless store of practical and pathological information.

* * * * * * *

We hope, ere long, to see the Bellevue Hospital, officered by an efficient medical and surgical staff, take its proper rank among the scientific and humane institutions of our land; contributing, as it ought, to the advancement of our noble science and the glory of American Medicine. We hope to see these medical officers earning for themselves an immortal reputation, and not less alleviating by their skill the sufferings of those entrusted to their care, than fitting themselves for the successful exercise of their professional duties, by the knowledge they there acquire; communicating to the world, to their own honor and the good of the Medical Art and of humanity, the ample and rich results of their observation and experience; followed by a crowd of admiring and attentive students, who, from their lips, may learn to pursue the path which has led them to eminence, and to uphold after them the dignity and the usefulness of their art. It has ever been our most ardent wish to see the Hospitals of America rank proudly, in scientific fame and in public utility, with the most celebrated of Europe; and for the attainment of this end, our most fervent aspirations will be unceasingly offered.

Remarks on the Character and Writings of Hahnemann. By the Editor of the New-York Journal of Medicine.

The September No. of the New-York Journal of Medicine contained a spirited article by its accomplished editor on the character and writings of Hahnemann, which has been issued by the publishers in a pamphlet form, in consequence of numerous applications for additional copies. The writer, in the first place, considers the Homœopathic system philosophically, and gives an analytical *expose* of its illogical errors, and its absurdities, founded on an examination of Hahnemann's publications. In the next place, he examines his character, as exemplified in his writings and personal history. Judging from the Homœopathic system alone, it requires no small exercise of charity, in a medical man, to believe that its founder was sincere and honest in its construction. In our estimation, as a system of philosophy or medicine, it is difficult to conceive of its having been engendered by folly only—there is a spice of knavery in it. That the same remark will apply to all who *profess* to practice medicine on this system we do not say. We are willing to admit that a person who has not received a medical education, and who is unfortunate in having but little intelligence, or a very ill balanced mind, may, for a time, mistake the force of the *vis m* *catrix* for the operation of infinitesimal doses. Perhaps we concede too much, but we would rather err on the side of charity. As regards converts from the ranks of the profession, if we were to address the Public, we should only say, who are they, what was their standing with their brethren, and were there no palpable inducements of a selfish or mercenary character to lead them to avail themselves of a popular delusion? A man of common shrewdness, if he will look around him, and put these questions to himself, can hardly fail to come to a correct conclusion. To return to Hahnemann, the circumstances mentioned in the following extract from Dr. Lee's article may be fairly considered as typical of the moral character of the man, and foreshadowing the development of his humbug on a larger scale:—

> "In this early professional career (1800), it is admitted that he advertised a new salt, the discovery of which he claimed, and which he offered for sale under the name of *alkali pneum*, and the price of one *louis d'or* ($4) per ounce. The Society for the Promotion of Natural Sciences, at Berlin, procured an ounce of it from his agent at Leipzig, which was analyzed by Klaproth, and pronounced to be nothing more than *common borax!* Soon after this, Hahnemann adversised an "*infallible preventive of scarlet fever*," as he termed it; the price of which was, also, a *louis d'or*; this was a simple solution of the extract of *belladonna!* It has been proved by Professor Joerg, of Leipzig, that many of the quotations from old medical authors, made by Hahnemann, are false and fictitious! These statements, long since made, have never been refuted; it is admitted that his quackish practices chiefly drove him from Germany, to take up his abode in Paris.

The conclusions respecting the character of the founder of Homœopathy at which Dr. Lee arrives, are not dissimilar to those which we have expressed. He says:

> "A careful examination of Hahnemann's works, then, compels us to believe that he was artful, disingenuous, and insincere. We doubt very much whether he himself believed in his own doctrines for years after they were first broached, and such was the opinion of some of his own intimate friends. His want of success in obtaining business in the treatment of disease, as well as the merited discipline to which he had been subjected, for violating the laws of his country, relating to the practice of medicine, had embittered his feelings against the regular profession, and against its modes of cure and led him to invent some antagonist system or school, which would present an opposing front to those whom he regarded as

his enemies. Some of his friends, however, who judged him more leniently, believed that his object in inventing his theory of *similia similibus* was, that it lessened the evils which he saw to arise from excessive medication; and if adopted, would leave the cure in the hands of Nature, in whose restorative energies he is said, by them to have had the most unlimited confidence. On either supposition, it follows that he was influenced by other motives than a belief in the truth of his doctrines.

Medical men are often asked why they do not give Homœopathy a trial, and the fact that they have not thrown aside legitimate practice, and tested the results of this system, is cited as evidence of their illiberality, and incompetency to decide on its merits. But what solid claims upon public confidence would the profession have, if its members were willing to make those who place health and life at their disposal, subjects for an experimental investigation of all the absurd systems which spring from the brains of dreaming enthusiasts, and cunning charlatans. Let those who are so ready to advocate every new humbug, make trial of the consequences in their own persons. Let them try lobelia, steam, and cayenne; Hydropathy; Homœopathy, and the various delusions, or impositions which are yet to be developed and supplant these; but let it not be asked of us to requite the confidence of those who place themselves in our hands to avail themselves of our best judgment and the resources of medical science, by exposing them to become victims to any form of delusion to which the proverbial credulity of a portion of mankind has given for a season a fashionable currency.

They who thus attack us seem to think that medical knowledge is exclusively, in the philosophical sense of the term, empirical—that is derived solely from blind experiments of the *laedentia et juvantia*; and that we have no settled principles of pathology and therapeutics by means of which we can rationally estimate new propositions in these branches of science. We quote the remarks of Dr. Lee on this point, which present the subject in a strong, but true light:—

"The profession is constantly assailed by the followers of Hahneman for rejecting his doctrines without subjecting them to trial. Although not true to the extent alleged, we contend that the educated physician is justified in rejecting homœopathy without testi it at the bed-side; and this opinion is founded on the fact, tha doctrines are not only contradictory and at variance with themse but self-evident absurdities. If the medical man, who seriously sets about their verifications, does not endanger his reputation for soundness of mind, he, at any rate, compromits his character, as a thoroughly-educated physician, and a man of well-balanced intellectual faculties. Besides, it is unnecessary, an act of supererogation, to undertake the establishment of statements, which can be disproved by their opposition to facts already known, as well as their contradiction of one another. What would be thought of a man who should undertake to demonstrate that the three angles of a triangle are greater than two right angles; or that two and two make five; or that a part is greater than the whole? What must be thought of him who believes that a grain of medicine can be so expanded as to fill a space larger than the solar system, and yet that the bulk of a mustard seed retains sufficient power to affect sensibly the animal organism? Can a man believe an absurdity like this, and not need a dose of hellebore? The distance between the earth and the sun is 95,000,000 of miles; twenty homœopathic globules, laid side by side, extend to about an inch, so that 158,000,000,000 such globules would reach from the earth to the sun. But when the 30th (X) dilution is practiced, each grain is divided into 100,000,000,000,000,000,000,000,000,000,000, 000,000,000,000,000,000,000000,000 parts, so that a single grain of any substance, in the 30th dilution, would extend between the earth and the sun, 1,262; 626,262; 626,262; 626,262; 626,262; 626,262; 626,262; 626,262; 626,262 separate times! Can a system of medicine which puts forth such statements as this, be worthy of serious investigation? The medical man who is at all accustomed to examine, weigh, and compare facts, is justified, we say, in rejecting, at once, without examination, a system made up of such gross absurdities and fallacies. He is bound to do it in justice to his own understanding."

That Homœopathy has been of service may be conceded. The benefits, however, which have flowed from it, can, of course, only be appreciated by those who properly appreciate the system—i. e., by those who deem it, when honestly practiced, to be utterly nugatory in its effects. The benefits consist in the opportunities which it has afforded for the observation of disease uninfluenced by remedies, in cases in which we should be unwilling, nor, should we have been justified in abstaining from remedies, in order to determine what the unaided powers of life are capable of effecting. We shall do well to make the most of these opportunities, for, from present appearances, they will not long continue. The doctrine of *similia similibus*, and *infinitesimal quantities* has already passed the zenith of its popularity, and will soon be remembered only as one of the thousand fantastical absurdities which have had their day, imposing heavy penalties for the lessons of wisdom which they inculcate. We give, in conclusion, the closing paragraph of our learned friend's interesting and able article:—

> "Homœopathy, however, has not been productive of unmixed evil; for it has taught us the wonderfully restorative powers of Nature, when aided by the enforcement of rigid dietetic rules; and it has thus lessened the amount of active medicines given. Assuming, as a basis, hypothetical facts, which later experiments have disproved, proceeding on analogies which are dissimilar, involving contradictions irreconcilable, homœopathy has, at every stage of its progress, made war upon oommon sense, drawn largely upon human credulity, violated all the rules of philosophy, and has now settled dowd into that slough of contempt, from which its ablest advocates can never succeed in elevating it.
>
> "*Requiescat in pace!*"

Erie County Alms-House.—From the report of the Superintendents of the poor, of the County of Erie, for the year ending Oct. 1st., we learn that the whole number relieved at that institution during the year, is 978; and the number relieved out of the institution in the city of Buffalo, 3434, making, in all, over five thousand persons. Of those relieved at the Alms-House, 204 were native born, and 744 were foreigners.

The number of persons at the Alms-House Oct. 1, were:—lunatics, 31; idiots, 11; paupers, 101; vagrants, 19; total, 162. Of these the number of adults, was 124; of children 138. The number of deaths at the Alms-House during the year was 113.

From January 1st to October 1st, 117 cases of *ship fever* were treated at the institution. We are informed by the attending Physicians, Drs. Sprague and Loomis, that about the same number were treated out of the institution, in the city, supported from the poor fund.

The Superintendents report in favor of an additional building. It is imperatively called for. In fact the limited accommodations of that institution (which years ago we endeavored to bring to the attention of the Supervisors and citizens, and which have remained nearly the same, nothwithstanding the great increase of pauperism;) are truly disgraceful to the County. Drs. G. F. Pratt, and F. B. Harris, have been appointed Physicians and Surgeons to the institution for the ensuing year, at a salary of $400.

Ice in Dysentery.—One of the editors of the Western Journal of Medicine and Surgery speaks in high terms of the efficacy of ice in dysenteric affections. He states that in an epidemic dysentery prevailing at Louisville during the last summer he "repeatedly witnessed the most pleasing results from this practice, both in children and adults." He continues:—"called to a patient troubled with sick stomach, before giving any medicine, our invariable rule has been to prescribe ice, until the gastric symptoms were relieved, and not a case has yet come under our notice, in which it failed to afford marked and almost immediate relief." We can add our testimony to the safety and advantage of allowing ice in nearly all gastro-intestinal, or other diseases in which it is craved by the patient.

In connection with this subject we would inquire, what effect cold applications to the abdomen externally, exert in dysenteric, and other intestinal affections? We have been informed that they are very generally employed in Boston, Mass., and vicinity. Will some one in that quarter communicate to the profession an answer to the foregoing inquiry?

Man-Midwifery.—A beardless itinerant lecturer, claiming to be an M. D,, has recently been discoursing at Boston, Mass., on the impropriety and immorality of the practice of midwifery by male accoucheurs. The Boston Medical and Surgical Journal intimates that this is a nominal object, the design being to pander to a morbid curiosity; and that the lectures, being confined to gentlemen, are attended chiefly by young clerks and apprentices, who go to listen to a recital of details connected with midwifery practice. It has become quite common of late, under the guise of science and philanthropy, to entertain the public with exhibitions and lectures, the least of the evils of which is, that they foster a corrupt taste, in the place of communicating useful information. In the instance referred to, we infer from the co[illegible] our Boston contemporary, that a sojourn at Jericho [illegible] the lecturer to discuss more understandingly [illegible] to treat.

Formation of a Medical Society of South Central New-York.—In our last we published a call for a convention of the Profession of the Counties of Cortland, Tompkins, Tioga and Broome, for the purpose of oranizing a society for said counties. The convention assembled at Owego on the 14th ult., and determined to organize, including, with the aforementioned counties, the county of Chemung. The convention adopted the code of Medical Ethics recommended by the National Convention. The following officers were appointed:—

President, Dr. J. S. Paige, of Tioga.
Vice Presidents, Dr. G. N. Bredford, of Cortland;
Dr. J. E. Hawley, of Tompkins.
Recording Secretary, Dr. H. N. Eastman, of Tioga.
Assistant Secretary, Dr. R. Wilcox, of Chemung.
Corresponding Secretary, Dr. F. Hyde, of Cortland.
Treasurer, Dr. E. Powell, of Tioga.

The Association adjourned to meet at Ithaca, on the first Tuesday of June, 1848. Success to the enterprise !

Brevet Col. McIntosh of the 5th Infantry, regular army, in his official report of the part which his troops took in the action of the 20th of August, when speaking of the march upon Cherubusco makes the following complimentary notice of an old friend and pupil of ours:

"Assistant Surgeon William Roberts accompanied the regiment during the march. His talent and zeal were not alone confined to his profession, but were displayed in a more military capacity, in aiding, assisting and urging on the men to the contest."

Roberts is a noble fellow, and we have no doubt has fairly earned this flattering notice from his superior.

F. H. H.

Amputation under the influence of Ether.—We perceive by the Ithaca Daily Chronicle that Dr. J. E. Hawley, of Ithaca, formerly a resident of Buffalo, recently amputated a leg, the patient being under the influence of Ether, and entirely unconscious of pain.

Medical Appointments.—Prof. John P. Harrison has been transferred to the chair of Theory and Practice in the Medical College of Ohio. He is succeeded in the chair of Materia Medica by Prof. L. M. Lawson, late of Transylvania University. Dr. Jas. B. Rogers, Prof. in the Franklin Med. College, of Philadelphia, has been elected to succeed Dr. Hare in the University of Pennsylvania. The vacancy in the chair of Surgery, in the Richmond Medical College, has been filled by the appointment of Dr. Charles Bell Gibson, Prof. of Surgery in the Washington Medical College of Baltimore. Dr. Jacob Randolph has been appointed Prof. of Clinical Surgery in the Med. Department of the University of Pennsylvania.

Private Hospital for the Insane at Chicago.—Dr. Edward Mead, late Prof. of Materia Medica in the Medical Department of Illinois College, has opened at Chicago a private Hospital for the Insane.

BIBLIOGRAPHICAL NOTICES.

Criticisms and Controversies relating to the Nervous and Muscular Systems. By Bennet Dowler M. D., of New Orleans. Reprinted from the New Orleans Medical and Surgical Journal, September, 1847.

The above is the title of a pamphlet of 70 pages, in which Dr. Dowler critices the criticisms of Dr. Marshall Hall, and some British reviewers, excited by certain experimental observations of Dr. D., relating to the muscular and nervous systems. These observations (published some two years ago, and an analysis of them presented to the readers of this Journal) were of a highly interesting character, and of not a little scientific importance. In our comments at the time of their publication, we took occasion to express regrets, that Dr. Dowler had not confined himself to a simple enunciation of facts and deductions, instead of indulging a strain of sarcasm, illy comp[illegible] our estimation, with the subject and occasion. [illegible] evidently arises from a peculiarity of mental constitution, which cannot refrain from commingling the ludicrous with the gravity due to philosophical disquisitions. It denotes, in this instance, certainly, no malignity, nor ill humor, but a tendency to the comic which cannot be resisted. The facts reported by Dr. D., as our readers will recollect, appeared to militate against, and in the reporter's opinion, completely overturn the doctrines mantained by, and, to some extent, originating with Dr. Hall. Dr. Hall, too, appears to have some mental peculiarities. He seems to live in a perpetual state of excessive anxiety lest the professional public, and posterity, shall fail to do ample justice to the importance of his doctrines. Hence, he is constantly reiterating them in new publications, and seems to think it unsafe to leave the subject long, for fear that the reflex theory, or, at least its paternity will be entirely forgotten. He is also amazingly testy if any one ventures to express a surmise that Physiology, Pathology and Therapeutics contain aught in addition to the doctrine of reflex nervous action. We do not purpose here to enter into any discussion of the merits of this doctrine, or the claims of Dr. Hall as a discoverer of scientific truths. We will only say, that, with much that is new and useful a considerable portion of the doctrine consists of old things under new names, and a considerable portion is by no means fully established. Our present concern is with the mutual relations of Drs. Hall and Dowler, as a matter of medical gossip. Dr. Hall takes umbrage at the contributions of Dr. Dowler, and sends a short note to the editor of the New York Journal of Medicine, informing the Editor, and the American Medical Public, that the poor reflex doctrine had suffered many attacks, but, none to compare with that by Dr. Dowler. Dr. D. imputed to it a tendency to materialism; and this, Dr. H. denounces as "cowardice and calumny." The Anathema of Dr. H., together with some criticisms by the Medico-chirurgical review, has called out Dr. D., in the pamphlet before us. Altogether, the rejoinder is a "psycological phenomenon." Logic, learning, ridicule, humor, scientific facts, are thrown together in heterogenous combination.

It is a kind of mosaic production, which rhetorical ingenuity would find it difficult, if not impossible to imitate, were the trial to be made. . It is *sui generis.* The author is evidently a man of scholar-tic and literary attainments, and, as a writer, has a wonderful amplitude of diction. But he is moreover an observer, an original thinker, and brings to the investigations of science an enterprising, inventive disposition, which is not content with travelling beaten paths, but delights to explore unoccupied territories. The sensitiveness and irritability of genius are to be added, to complete the "charcoal sketch" drawn from a perusal of his writings. We make this portrait without any personal acquaintance with the original, and with the knowledge that it will come under his own eye. Whether we do him less, or more than justice, we have no fears that himself and friends will not excuse the freedom with which, in in this instance, we have indulged in personalities. If we are not mistaken, Dr. D. possesses talents eminently fitting him for the field of labor which he has selected, viz., original investigations. He has already developed novel and interesting facts; he announces that he has more in reserve, and we trust, and believe, that, if life be spared, he will confer benefits on science, and win honor for himself We must express, therefore, our repugnance to see him wasting any portion of his time and energies upon controversial discussions. If he will heed the suggestion of one who is anxious to aid in heralding the results of his scientific labors, he will confine his attention to the latter, and leave the vexatious task of removing prejudices, and refuting illiberal criticisms, to those who cannot be more usefully employed.

Lectures on Subjects Connected with Clinical Medicine. By P. M. LATHAM, M. D., Fellow of the Royal College of Physicians, and Physician to St. Bartholomew's Hospital; second edition, Philadelphia; Barrington & Haswell; 8 vol., pp. 158.

This work contains fifteen lectures, the first half relating to a variety of subjects connected with the prosecution of Clinical studies; the last half devoted, mainly, to the Auscultatory signs of Pulmonary diseases.

The style of the lectures is eminently familiar and colloquial.—The book reads precisely as we may imagine the author talks; and we fancy that we can form a very clear apprehension of the manner in which he talks, by reading the book.

Dr. Latham's writings possess for ourselves a peculiar recommendation. In so far as he is pictured upon the mental retina while we are perusing his discourses, we are forcibly reminded of a distinguished American teacher, revered by all who were privileged to enjoy his instructions. We refer to James Jackson, M. D., formerly Professor of Medicine in the Massachusetts Medical College. Many who, like ourselves, can recall the learning, zeal, and truth-loving spirit which pervaded the lectures of that distinguished Professor, (and all who have heard his lectures will never cease to remember them as invested with these qualities,) will not construe the comparison into complimentary allusion to him, but will consider it the warmest eulogium which can be bestowed on the work before us.

In the foregoing remarks, the reader will observe we speak of Dr. Latham's writings in general. We have, as yet, examined only the first half of the present volume. There is much contained in the first eight lectures, which, for the student and practitioner, (and the latter term should involve the former) is both interesting and profitable; but the subjects treated of, and the manner of treating them, preclude analysis. We may find in the portion allotted to Auscultatory signs, observations which we may deem important hereafter to present to our readers. In the meantime, we commend the book, not as superseding systematic works on similar subjects, but of containing valuable matter presented in a highly agreeable manner.

In concluding this brief notice, lest we may not conclude to review the latter half of the work, we beg leave to quote a few remarks from the preface. The reader who may recollect some views which we some time ago submitted under the heading of "The study of Auscultatory without a master," will perceive by the quotation which follows, that similar views are entertained by one who is confessedly among the most eminent Auscultators now living:—

"Auscultation is capable, I have thought, of being greatly simplified for practical purposes. At all events, unless it be so it can never be successfully taught; the knowledge derived from it must be confined to a few physicians of hospitals, and the profession at large can never expect much benefit for its use.

"Whether I have succeeded in accomplishing what I think so desirable, and have cleared Auscultation of its mystery in any degree, others must judge. But thus much I can safely say, that the intelligent student, by attending to the few characetristic sounds which I have pointed out, and taking pains to understand their import, and guarding himself against over-refinement, is able in a few weeks to discern the leading truths connected with Auscultation, and in a few months to use it and trust it as his safest guide in the diagnosis of pulmonary diseases."

A practical treatise on the Diseases of Children. By D. FRANCIS CONDIE, M. D., Secretary of the College of Physicians, Member of the American Philosophical Society, &c. Second edition. revised and augmented. Philadelphia: Lea and Blanchard, 1847. 8 vo. pp. 657.

We are somewhat dilatory in noticing the second edition of the above valuable treatise. The author has manifested his appreciation of the success of the first edition in a way which is most creditable to him, and will be most satisfactory to the Medical Public, viz., by his efforts to render the second edition still more valuable and meritorious. He states in the preface that "every part of the work has been subjected to a careful revision; several portions have been rewritten comprising all the more important facts, in reference to the nature, diagnosis, and treatment of the diseases of infancy and childhood, that have been developed since the appearance of the first edition." We cordially join with the medical press generally in recommending the work as an excellent practical guide in the treatment of infantile diseases. It is an *American book* which reflects credit on American Medical Literature.

Outlines of the Veins and Lymphatics, with Short Descriptions. Designed for the use of Medical Students. By JOHN NEIL, M.D., Demonstrator of Anatomy in the University of Pennsylvania, &c. Philadelphia : Edward Barrington and George D. Haswell. 1847. 8vo. pp. 29.

This little work is on the same plan with the two which have been already published, on the arteries and veins. It is calculated to aid very materially in [illegible] knowledge of the anatomical systems which it [illegible] medical students, especially, will do [illegible].

The American Medical Almanac for 1848; Philadelphia, Lindsay & Blakeston; 16mo; pp 224.

This is really a very useful little work for the Physician and Medical Student. In addition to an Almanac, it contains circulars of all the Medical Schools in the United States; the code of Medicals Ethics adopted by the American Medical Convention; an account of the poisons commonly used for self-destruction, or murderous purposes, or by accident, with the symptoms and treatment; a digest of facts relating to Etherization, and a variety of miscellaneous matter. Altogether it makes a very good investment for a couple of shillings or so.

Wood's Quarterly Retrospect of American and Foreign Practical Medicine and Surgery. New-York: Richard and George S. Wood No 261 Pearl St. 8vo. pp. 64.

This quarterly periodical is on the plan of *Braithwaite's Retrospect*, and *Ranking's Abstract*—publications which have acquired an extensive circulation, and are deservedly much esteemed. The object of an American work on the same plan is to do more ample justice to American periodical literature, than the English works above named have done. Owing to the difficulty and expense attending the transmission of periodicals, the edition of those works do not have access to the greater portion of the Journals of this country, We think our friends, the Woods, have done a good thing in undertaking this enterprise, and we trust it will prove advantageous to them as well as to the profession. It is furnished gratuitously to the subscribers of the Medico-chirurgical Review; and to others for one dollar *per annum*. We must concur with some of our contemporaries who have expressed a desire to see the work under an improved typographical aspect. We gladly welcome any effort to promote the progress of *American Medical Literature*, and we therefore cordially bid this work *God speed*.

Work on General Pathology. By Prof. CHOMEL.—Wm. D. Ticknor and Co., of Boston, will shortly publish a translation of the third edition of Prof. Chomel's work entitled "Elements of General Pathology." It will be very acceptable to the Medical Profession his country.

New work on Obstetrics and the diseases of women and children.—Dr. Jno. Evans, Prof. in Rush Medical College, announces that he has a work on the above subject in preparation, and solicits from western physicians the results of their observations upon the modifications of diseases peculiar to women and children in their respective districts.

Western Lancet.—This Journal is hereafter to be published at Cincinnati, Ohio, the Editor, Dr. Lawson, having removed from Lexington, Ky., to be connected with the Medical College of Ohio.

The Annalist.—This Journal has entered on the second year of its existence, and is now issued by the well known Medical Publishers, *the Woods*, to whose care communications, &c., should be addressed. There are few Journals which we greet with more pleasure than the Annalist. Dr. Roberts is eminently fitted for editorial duties, and devotes himself to the labors which these duties involve, with the zeal and energy which an ardent love for the profession alone can inspire. We are gratified to learn that his services are appreciated, and heartily wish his journal lengthened and increasing prosperity.

Two new Journals have lately been added to the list of American Medical Periodicals. One of these is entitled "*New Jersey Medical Reporter, and Transactions of the New Jersey Medical Society. Edited by Joseph Parrish, M. D.*. It is published at Burlington, 84 pages octavo, at two dollars per annum.

The other is a monthly of 44 octavo pages, subscription price two dollars per annum, issued at Memphis, Tennesee, and edited by James Conquest Cross, M. D., Prof. of Institutes, &c., in the Memphis Medical College; assisted by his colleagues. Its title is the *South-western Medical Advocate.*

We cordially extend the hand of fellowship to these, and all other aspirants for the *l bors* and the *rewards* of Medical Journalism, trusting that their zeal will sustain them beyond the period when editorial duties cease to be attractive from their novelty.

***Chelius's System of Surgery*, has been received and will be reviewed in our next number.**

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ORIGINAL COMMUNICATIONS.

ART. I.—*Remarks on Follicular Enteritis, occurring as a complication of continued Fever.* By the EDITOR.

The morbid conditions of the intestinal mucus follicles, more especially of those known as the aggregated follicles, or the glands of Peyer, considered as an element of continued fever, have of late years occupied not a small share of medical literature. Our views upon several interesting questions of Pyretology, at the present time, must be influenced considerably by our estimation of the nature and extent of the pathological relations of these lesions. We purpose to offer a few remarks, first, on follicular enteritis as a complication of continued fever in general; and, next, as constituting a distinguishing characteristic of a particular species, or variety of continued fever.

According to Cruveilhier, these lesions were first described by *Prost*, who published his observations in 1804. They were next treated of, and considered as constituting a special malady, by *Petit and Serres*, French Pathologists. Broussais recognized them, to some extent, in the *gastro-enterite*, which, in his view, comprised the essential pathology of all fevers. Afterward, *Brettonneau* described them as a kind of internal eruptive affection, and gave to the disease the name of *Dothinenterie*, signifying intestinal pustule. To Louis, however, is due the credit of having investigated, more carefully than any previous observer, the various characters which belong to them intrinsically, and the relations which they sustain to the fevers of Paris. The interest and importance which of late years have attached to them, may be dated from the publication of the admirable work on fever by the distinguished pathologist just named.

This work embraced the results of an analysis and numerical comparison of a large collection of observations, gathered chiefly at the hospital *La Charite*, contrasted in all important points, both of symptoms and lesions, with an equally large number of cases of other acute diseases. One of the most striking of these results was the fact, that, as respects pathological changes found after death, more or less disease of the agminated follicles of the ileum, and of the mesenteric ganglions, was invariably found in the dissection of the fever subjects, while similar forms of disease, of the same parts, were found in none of the subjects dead with other acute diseases. Moreover, this was the sole appreciable, local complication which was found in *all* the cases, other lesions existing, each in a greater or less proportion of cases, but none of them constant, From the constancy of its connection in the cases analyzed by him, M. Louis deduced the conclusion, that it is an invariable, integral element of continued fever; and he distinguished it as the " anatomical characteristic " of the *typhoid affection*, employing this latter expression as synonymous with the continued fever of most nosologists.

The follicular lesions described by Louis are not uniform. He divides them into two classes. In the first class, the patches, (which are scarcely, if at all visible, with the naked eye in a state of health,) are rendered distinct by a greater development of the follicles. They appear to be simply hypertrophied in some cases. When considerably enlarged, so as to be separately prominent, they may present a granulated appearance, resembling small pustules; hence, the affection was called, but incorrectly, by Brettonneau, *Dothinenterie*.

In this class of lesions the mucus membrane is thickened and softened, and in a large proportion of cases ulcerated. The ulcerations vary in size, number, form, depth, and other characters. The softening may, or may not be accompanied with redness; and the mucus membrane in the spaces intervening between the patches, may, or may not participate in the follicular disease.

In the second class of lesions the patches are *hard*, instead of being softened. and the seat of the disease seems to be the *submucus tissue*. This tissue wholly, or nearly throughout the patches, becomes converted into a homogeneous substance, having no appearance of organization, of a pale rose or yellowish color, presenting a dry, shining appearance when cut, either friable or having some consistence, and from two to three lines in thickness. This substance, it was apparent, was not secreted upon the surface of the submucus tissue, but *into its substance*. This form of the affection was found in one-third of the patients: 13 out of 49. This substance is identical with the "typhous material" of the German pathologist, regarded by them as characteristic of a particular form of fever, which they distinguish as "abdominal typhus."

Louis does not undertake to decide that either of the lesions, viz., the mucus and submucus, is invariably primitive with regard to the other, when they are found together, as they not infrequently are. He inclines to the opinion that in some instances they commence simultaneously, but from the fact that cases occur in which the submucus deposit exists in abundance, while the mucus tissue remains unaltered, he thinks it fairly deducible that the former *may* take precedence of the latter.

The specific character of the follicular affection is derived mainly from the sub-mucus deposit, and that, in this respect, the affection is, to a certain extent, peculiar to fever, is evidenced by the fact, that in the greater number of cases in which the mucus membrane is inflamed, irrespective of fever, the sub-mucus tissue does not participate in the disease.

The lesions thus briefly sketched are limited to the last eight feet of the small intestine. In the same cadaver different degrees of disease are manifested in different sections of the intestinal tube, the most intense being invariably in the patches next to the coecum.

Sometimes every gradation of disease is illustrated in a single autopsy, commencing with the most extensive lesions next the coecum, and those of a lesser grade, progressively apparent as the canal is examined upward, toward the duodenum. These facts show that the alterations of the lower portion of the ileum are primitive, and that the disease proceeds in a gradual manner upward, attacking the patches successively. Again, in dissections of persons who died after a protracted duration of fever, the follicles nearest the coecum exhibited a greater progress toward cure than those above, and, progressively, the evidences of restoration diminished, as the examinations were continued upward, showing that in the progress of reestoration, as of disease, the same law holds good.

The question now arises, what pathological relations do these lesions sustain to continued fever?

Louis, and others who have adopted his views, regard these lesions as constituting not the disease, but an essential element of it. Quoting his language they "form an anatomical characteristic (of typhoid fever) as much as tubercles do of Phthisis." In the relation which they sustain to fever, they have also been compared to the eruption in small-pox, and the other exanthemata. Some of the French pathologists, however, appear to regard it in a more important light. Cruveilhier, for example, in his *anatomie pathologie*, describes these lesions under the head of "*acute primitive follicular enteritis*," ond considers them as constituting the disease fully as much as the local affection constitutes the disease in pneumonitis, pleuritis, &c. Continued fever, with this complication, he considers should be ranked among the phlegmasiæ; but with respect to the phlegmasiæ generally, he entertains some peculiar views which serve to qualify his opinion that continued fever is symptomatic of follicular enteritis. He says there are two things involved in follicular enteritis, as in all other phlegmasiæ:—a local condition and a general condition. In the phlegmasiæ *with pain*, it is the local condition which originates, and, for the most part, regulates therapeutical indications. In phlegmasiæ *without pain*, it is the general condition, or, to speak more precisely, the state of the cerebro spinal nervous system, which presides over these indication.

We translate literally some of his remarks on the pathology of the affection, contained in the work already referred to. Having acknowledged that the local affection is proceeded by general febrile symptoms, he says:—

"But the local condition, although consecutive (consecutive in the same manner as pneumonitis and pleuritis), and although latent, in a great number of cases, is not to be despised. Once produced, it elevates itself to the rank of a cause. It seems to regulate by its degrees, by the greater or less rapidity of its march, and by its different phases, the degrees, the march, and the phases of the malady. The ganglionary nervous system, which is distributed so abundantly to the diseased parts, explains, in this instance, as in strangulated hernias, the excessive prostration of the forces, and the part which the central nervous system plays—the torpor, stupor, and delirium. The state of the heart, which I regard, in general, as the thermometer of the state of the ganglionary nervous system, and the state of the muscles, which I regard as the thermometer of the cerebro-spinal system, give in general, sufficiently well, the measure of the gravity of the affection, and, sometimes, also, the susceptibility of the subject." The author premises these remarks by saying "that the oldest observers recognized a certain class of maladies which have an evident point of departure in pain and other local symptoms; and another class, which have no such manifest point of departure. The last are distinguished as fevers. Pathological anatomy reveals the great truth, that there are a great number of inflammations without pain, and without notable local symptoms, but that they re-act on the nervous system, and circulating system, and all the functions, in a manner perhaps more intense than phlegmasiæ with pain. The typhoid state is common to all inflammations without pain, but especially to *acute follicular enteritis*."

We have quoted these views on account of their intrinsic interest, as well as the high quarter whence they emanate. It will be perceived that although Cruveilhier styles the disease *primitive follicular enteritis*, he does not advocate the doctrine that this is really the primitive ailment. He considers it as an effect of a pr
general condition (fever) but a secondary cause of certa

phenomena which go to make up the disease. The peculiarity of his views consists, not in considering all essential fevers symptomatic, but in regarding most local inflammations virtually fevers, i. e., effects of a general morbid condition analogous to the morbid condition preceeding the local complications of fever. The latter idea, although probably not true to the extent just enunciated, is yet not devoid of truth. The proposition contains, in our view, important truth which has been too much overlooked: but our present limits will not permit discussions which would grow out of this train of reflection.

The views of Cruveilhier and Louis, are not, thus, in reality, very far apart. Louis, although he deems the follicular affection a complication, yet is disposed to attribute to it considerable causative agency in the events of the typhoid affection. He states that the affected patches, considered in the aggregate, will form a considerable area of diseased mucus surface; as much as in many cases of erysipelas, when the latter is a serious affection. His own facts, however, show that the severity and extent of the follicular affection bear no constant proportion to the severity of the prominent general symptoms of the fever. The duration of the fever is not dependent on the condition of the patches; for, when death occurs at a late period, the latter frequently exhibit a considerable advance in the processes of restoration; and, on the other hand, ulcerations exist, and perforation of the intestine has frequently been known to occur, during convalescence. There are local abdominal symptoms which have a pretty constant, but by no means an invariable relation to the affection. These are meteorism, obscure tenderness, gurgling on pressure over the right iliac region, diarrhœa with yellow ochre colored discharges. The latter, by Dr. Bright and others, have been considered as furnishing a very certain criterion. But that the condition of the nervous symptom, the prostration of the vital forces, and the general course of the disease are closely connected with, or dependent upon the local affection is far from being established. The pathological explanations of Cruveilhier, although plausible and ingenious, are not sustained, but directly controverted by the facts which have just been cited.

We have thus far spoken of follicular enteritis as if it were a constant, and exclusive complication of continued fever. The degree of its constancy is obviously an important point, with reference to the relations which those lesions sustain to continued fever. Louis declares that he found the complication in all the dissections made by him during the observations upon which his work is based, viz., forty-six in number. He supposed that he had discovered a common bond, linking together all the continued fevers, known under the various titles, ataxic, adynamic, putrid,typhus,&c. His original expectation was, that all these different species, or varieties of fever, were to be embraced under the appellation of the "typhoid affection," notwithstanding this involved the very improbable supposition, that, this constant complication should have escaped the previous observations of pathologists of other countries as well as of France. The co-existence of disease of Peyer's glands had been before noticed, but no one, before Louis, had regarded it as an invariable and peculiar element of fever. In the latter conclusion, the chief novelty of the results of the observations of Louis consisted in so far as this affection is concerned. The publication of Louis' work induced, at once, pathologists of different countries to direct their attention, with particular interest, to the intestinal tube. Dr. Lombard, of Geneva, who visited Edinburg and Dublin shortly afterward, having previously studied the fevers of Paris, was surprised to find that the fevers in the two former cities, although they resembled in most of their characters, the fever of Paris, did not constantly exhibit this complication. In some instances it was present, but in many it was absent. Dr. Shattuck jr., also, shortly afterward published some observations made by him at London, in which this complication was wanting. Accumulating facts in the British Islands have shown, that, in the continued fevers of those countries, it is an occasional, but by no means a constant complication. In this country the observations of Drs. Hale and James Jackson, of Boston, Dr. Bartlett (formerly of Lowell, Mass., now of Lexington, Ky.,) and others, established the fact that it accompanies the common continued fever of New England. Dr. Gerhard, and others, of Philadelphia, found it in the fever endemial in that neighborhood, but absent in an epidemic fever which prevailed at Philadelphia in 1836, appearing to have been imported from Liverpool, England, in emigrant ships.

A very interesting and important question has grown out of the fact that it has sometimes found to be present, and, in other instances absent, by these, and other observers. We shall discuss that question hereafter: limiting now our attention to this fact (which is established sufficiently by the instances mentioned, without citing a greater number) it disproves the conclusion of Louis, drawn from his observations, with respect to the co-existence of follicular enteritis in all cases of continued fever. A larger collection of data shows that his generalization was premature. We may add, that observations in France, since the publication of his work, have discovered cases there, in which this affection is absent. Grisolle, for example, states that he has met with such cases. There can be no doubt, however, that it is more generally present in the fevers of France, than in the fevers of Great Britain. It would appear, also, to be less common in the latter than in the endemial fevers of this country. In so far, then, as continued fever, nosologically speaking, denotes a generic class of diseases, the folliular complication is to be regarded, like other complications, not an integral element of the disease, but an occasional result, or local expression.

The fact that it is not uniformly present, suffices to show that it is not a characteristic; but we may inquire in this connection, does it occur except as a complication of continued fever? Louis examined the intestinal canal in a large number of subjects dead with various acute disease, and in no instance were the glands of Peyer found diseased. They have been found diseased in Scarlatina, Phthisis, Cholera, Remitting fever, in the bodies of children after prolonged irritation from dentition, small pox, &c. But the proportion of cases in which they are diseased in these maladies, offers no comparison with the frequency with which they are diseased in continued fever. Moreover, it is affirmed, that when associated with other maladies than contined fever, the morbid characters which the diseased glands present, are different: in other words, that they are specifically affected in continued fever. Grisolle states that the distinctive characters which belong to the follicular complication, as it occurs in the fevers of Paris, are so obvious, that no one practically conversant with them, can fail to distinguish the disease from these characters alone. We presume (for he leaves us to presume on this point) that the distinctive characters to which he refers, are derived from the presence of the sub-mucus affection, or the deposit of the typhous material. Others have found it not easy to distinguish these characters from those presented in other diseases, especially in Phthisis, and after dentition in children. But the morbid characters arising from the sub-mucus deposit are not present in all cases in which follicular enteritis occurs as a complication of continued fever. Louis found these characters well marked in only one third of his fatal cases. Hence, although, when these characters are present, they may indicate pretty certainly that the patient died with continued fever, yet, when not present, even when the follicles exhibit ulcerations, and other morbid appearances, we cannot positively say that the fatal disease might not have been scarlatina, &c. The law of probabilities, however, would be entitled to have considerable weight in this instance. When we consider the frequent occurrence of follicular disease as a complication of continued fever, and its very unfrequent occurrence in other forms of fever, as well as other maladies, beside fever, we have strong grounds for predicating the former state upon the existence of this disease, whether it present any special characters or not, but, of course, still stronger grounds for this conclusion, if these special characters are present.

We may now recur to the question, to which allusion has been made, growing out of the fact that the affection under consideration is not a constant, but an occasional complication. The question is this:—does it, when present, constitute a distinct species, or variety of continued fever? This question leads us to a point just now much mooted among medical controversialists, viz., the identity of Typhus and Typhoid fevers. As we shall not have space to finish the discussion of this interesting topic, in so far as it is involved in our present subject, we will here conclude, and resume our remarks in the next No.

ART. II.—*A System of Surgery.* By J. M. CHELIUS, *public Professor of General and Opthalmic Surgery, Director of the Chirurgical and Opthalmic Clinic in the University of Heidelberg, &c., &c.* Translated from the German with Notes and Observations by John F. South, late Professor to the Royal College of Surgeons of England, and one of the Surgeon's to St. Thomas's Hospital; with additional Notes by G. W. Norris of Philadelphia, in three volumes, 8 vo. Published at Philadelphia by Lea and Blanchard, 1847.

Chelius little thought when from the banks of the Rhine he sent out his little "hand-book" upon Surgery, that it would be successively transplanted into England and America, and finally without a thought or a care on his part, grow into three ponderous octavo volumes; and we very much doubt whether, were he to meet his book on these cis-atlantic shores, he would be able to recognize it as his own, so enormously has it swelled and stretched itself beyond its original dimensions.

This work was first published by Chelius at Heidelberg in 1821 as a text book for his students; but the work was so really valuable and was so well received by the profession generally, that in twenty-five years it had passed through six editions in Germany and had been translated into seven different languages. And Mr. South could not have rendered English medical literature a better service than in selecting it for the basis of his labors. Mr. South too was eminently qualified for the duty, both as a translator and annotator. We remember Mr. South well as one of the most talented and indefatigable surgeons of that magnificent charity St. Thomas's Hospital; and we have seen enough of his fugitive contributions to the English Medical Journals to satisfy us fully of his qualifications. The book before us is rather South's Surgery than Chelius's, so completely is the text buried beneath the elaborate but judicious notes and excerpta of Mr. South; the notes added by Mr. Norris being comparatively few. And so long as the fashion is, not to write new books, but only to fill out the margins of old ones, however much we may dislike the fashion, we are compelled to submit;

and with what grace we may, we say, this is the best book of notes we have seen.

Since the translation of Heister's great work, more than a century ago, no German author upon Surgery has been translated into our language; and save what we have obtained through the French, English and American authors and journalists second hand, we have known very little of German surgery. But the Germans have not been idle; many of the most valuable improvements and discoveries in surgical operations and surgical pathology have been made by the Germans within the last few years, among which are especially conspicuous the new operations in tenotomy, many improvements in anaplasty, and a vast amount of information upon the surgical diseases of the eye; in which latter department they have fairly outstripped all their cotemporaries. More than fifty large works upon surgery have been published within the present century, whose names have come to our knowledge, and how many more have been issued we have no means of knowing. It is somewhat surprising therefore that for a whole century not one complete German Surgery has appeared in an English dress. We earnestly hope that this may be but the first of a series of translations which shall open to us the whole extent of German improvements in this department of science. Langenbeck, Russ, Walther, Blasius, Meyer, Niemann and many others, are scarcely less deserving the students attention than the work of Chelius; and it will be well for us, while we have bulletined before us constantly the dazzling achievements of the French, whoso restless knives are daily *hitting* upon some new incision, and the steady victories of the English, whose weapons are never drawn save in such straight lines as time and success have sanctioned, to have brought before us the practice of our Saxon cotemporaries, who are neither indebted to chance or custom for their conquests, but who in their studies draw up from the deep fountains of their "inner soul's" those clear and cool thoughts which give to their discoveries the character of inspiration.

Chelius has arranged his subjects under eight divisions, commencing with *Inflammation;* to which division in its various fo
results, he devotes most of the first volume; and for this

he may find ample apology in the importance and extent of the subject. For whatever we may hold to be the value or necessity of inflammation as a recuperative agent—whether it is or is not a natural and salutary operation of the vital powers, and useful in the restoration of divided parts, it is at least certain, that upon such restoration it is the almost inevitable attendant, and in one form or another, in a greater or less degree of intensity, constitutes the prevailing symptom, and establishes the principal indications of treatment. A knowledge of the phenomena and treatment of inflammation is therefore the corner stone of all surgical practice, which must from the beginning be rightly squared and firmly settled.

"Inflammation" says our author, "is that condition of an organized part in which the vital process and plasticity of the blood are unnaturally raised, and which is manifested by pain, redness, increased temperature, and swelling." This definition of inflammation, like most others, is defective; it fails, we think, entirely to tell us what the thing inflammation is. We certainly find no part of a definition in that portion which informs us how inflammation *manifests* itself, or in other words, what are its symptoms, viz. "pain, redness, heat and swelling"; nor indeed can we be satisfied with that portion of the definition which alone remains, to wit, "inflammation is that condition of an organized part in which the vital process and plasticity of the blood are unnaturally raised." What then distinguishes inflammation from various forms of fever, in which the "vital process and plasticity of the blood are unnaturally raised"? The "vital process" moreover is in health subject to an almost constant efflux and influx, from an infinitude of causes, being always either hastened or retarded by physical or mental action or repose; and even were we able to fix upon and declare what is the exact healthy standard of vital action, we should still be loth to affirm that every upward deviation from this standard constituted inflammation; for then is every "unnaturally raised" pulsation of the heart, or action of the muscles, every "unnaturally raised" functional service of a gland, or of a nerve, inflammation—provided always the other condition be present, viz., increased plasticity of the blood—a condition which exists independently of inflammation—at least independantly of any of the ordinary signs of inflammation—often in the highest degree, in a multitude of diseases; and which condition even in health is subject to very broad variations. Before the *degree* of "vital process" and "plasticity of the blood" can alone determine the definition ot inflammation, their standard of health must be settled, and the amount of elevation necessary to constitute inflammation, and further it must be shown that no other disease presents the same phenomena and has not therefore pre-occupied the ground. This has not yet been done, and the author himself seems to feel the defectiveness of his definition when he adds the following note:

"The elevation of the vital process must be of a certain *duration* and intensity, that is, it must be actually diseased, when we apply to it the name *inflammation.* Thereby alone is inflammation distinguished from the temporary condition of *active congestion* and increased *turgor vitalis.*"

But what has the circumstance of *duration* to do with inflammation? Inflammation may be developed in a few seconds, and by reverse many days of increased action, as in fever, may not and does not of itself constitute inflammation, nor in any way distinguish it from *active congestion.* Some *new* circumstance, without reference to duration or intensity, must be superadded, or it remains as at first only increased action. "It must be actually *diseased,*" says Chelius; and this is plain enough, but *how* diseased? This is the very point of the inquiry, and io this no answer is given.

The definition furnished by our author has therefore no meaning, yet it is as precise as the definition generally given, and than some it is much better, since it describes correctly certain of the conditions necessary to inflammation, viz., elevation of the vital process and increased plasticity of the blood; and perhaps indeed the definition only lacks that *one* circumttance still unrevealed, which is alone *di gnostic.* We shall not stay to dispute with those who see in inflammation nothing but *diminished* action, and who talk of stimulating the suffering part by bleeding. We agree with Chelius, that in inflammation the "vital process" is raised—that there is unnatural *excitement* of all the tissues actually concerned in the inflammation, whether the current of blood flows more or less rapidly, and whether the vessels are contracted or distended; f none of these conditions is a state of sur-excitement imcompatable any more than is a state of sur-excitement, or "nervous exciteability," as it is oftener termed, incompatable with extreme nervous debility.[1]

Will the reader now permit us to indulge for a moment in our own speculations upon this much vexed question? Let us assume first as a postulate, what we presume will not be denied. All inflammations are preceeded by *irritation*—irritation of the *nervous* tissue; perhaps originating in the common sensitor nerves, belonging to animal life, as in the case of a wound upon the surface, or originating directly in the ganglionic nerves, as where the irritant is carried into the circulation, and is made directly to impinge upon the nerves distributed upon the walls of the vessels. *Irritation of the nervous tissue* (congestion may produce irritation by mere distention) *is then*, we affirm, *invariably the first link in the chain of circumstances which produces inflammation.* This irritation may be local or general, and its existence is generally indicated by tremors, pain, titillation &c. If continued it produces *fever.*

Fever is a sur-excitement of the nervous system, both animal and organic, but chiefly, we think of the organic system, coupled with sur-excitement of the *vascular* system (including the capillaries,) and its immediate dependencies. This statement will not be so readily admitted, we apprehend, as our definition of irritation, and chiefly because fever presents such a vast variety of forms and characters. But the definition is not designed to include all its phenomena, nor to indicate any of the functional or organic lesions which may result; which latter are so often by modern pathologists made the basis of a definition. We include only those circumstances which we regard as essential to the existence of fever. The excitement of the nervous system is seen in the raised sensibility of the surface, in pains, in restlessness, in tremors, and in the morbid sensibility of the mind. If sooner or later the sensibility becomes unnaturally obtunded, it is as a consequence. The excitement of the vascular system is indicated by increased frequency and force of the pulse, by redness of the surface, &c. If the contrary phenomena occur, it is again only as a "consequence" of previous excitement. While the "immediate dependencies" of the vascular system—the absorbents, secernents, &c., declare their participation by spasmodic and firm occlusion of their mouths. Secretions are diminished or entirely arrested in the bronchial passages, in the intestinal canal, in the kidneys, upon the skin and wherever else secernents may be found. While absorption through the skin is rendered difficult, the lacteals refuse to act and other similar phenomena indicate excitement and spasm at their orifices.

We assume farther, that fever, like its precedent irritation, may be local as well as general—a blush is a local fever—the first redness produced by a blister or by any irritant is the same, and in a limited space presents all the phenomena of general fever—but in order that the fever may become permanent it is necessary that the irritant should be excessive or persistent.

We are now prepared to offer our definition of inflammation. That inflammation may be developed in any organized vital structure it is only necessary that the irritation should be pushed beyond the point required for the production of fever: when, the secernents still remaining closed, so that no relief to the distended vessels can be obtained through them, an *effusion* occurs, or a transfusion of some of the contents of the vessel through its parietes. The matter effused may be blood, serum, lymph, &c. It is this new condition, effusion, which, superadded to the irritation and fever constitutes the only pathologic distinction between fever and inflammation. We cannot be misunderstood. We do not regard effusion as in itself constituting inflammation, but we affirm that effusion with the other circumstances mentioned, is the thing which we and others call inflammation. The definition which we propose to substitute, for our authors is then—*inflammation is a sur-excitement of the nervous and vascular systems, with the immediate dependencies of the latter, accompanied with effusion.*

"Inflammation always commences with a more or less intense pain; the sensibility of the part is increased, redness soon follows, and blood appears in vessels where previously it had not been observed; the temperature of the part is raised, its functions disturbed, secretion suppressed, (at least at first,) or changed, perspiration diminished, and the part swelled."—Or in the language of the old writers, "*rubor, tumor, calor cum dolore*" are the signs of inflammation. But our author must certainly know that not one of these signs are constant, and therefore not one can be considered as diagnostic. *Pain* is common to irritation, fever and inflammation, and by reverse it may be absent in either—thus occasionally in the most destructive inflammations of joints, the lungs, liver, kidneys, &c., no pain is present. *Redness* and *heat* are also common to both fever and inflammation, but redness does not generally exist when tendons, ligaments, &c., are inflamed. Some writers, also, have chosen to consider *heat* as "the only unequivocal sign of inflammation," but with what right we are not able to understand. *Swelling* too, occurs in oedema, and alone it cannot indicate inflammation. What shall we say then—are there no positive signs of inflammation? We affirm that there are. As "effusion" when accompanied with irritation and fever constitutes the pathological condition of inflammation, so, also, "swelling" (which results inevitably from "effusion") when accompanied with a sur-excitement of the same systems must certainly constitute the pathognomonic sign. A swelling always exists in inflammation—not always manifest, because the tissue inflamed may be within; and in some cases when it is more external, as in the inflammations of fibrous structures or bones, the firm and unyealding character of the textures will not admit of any sensible enlargement in their periphery; yet it is none the less true that an effusion has taken place into their cellules, and that the part inflamed, i. e., the intimate cellular structure of the part, is engorged and swollen. Since, however the swelling is not always manifest, it cannot be to us an invariable test of inflammation; but what we affirm is, that *when it is* manifest, the other conditions being present, it is a certain sign of inflammation. The same cannot be said justly of either of the other signs mentioned.

From Celsus to Chelius all writers have enumerated these four local signs and no more. But as we have presumed to give our own doctrines of inflammation without regard to "established opinions," we shall not now hesitate to declare a "new sign" even at the risk of being regarded sinfully heterodox.

Tenderness, is the "new sign," which we preach—not new to the observing practitioner, nor indeed to the world—but new only to the books. If the patient complains to-day of pain in the knee joint, we say it may be a nervous pain, and only sympathetic with disease in the hip-joint. It may be irritation, and not inflammation. But if to-morrow it is swollen, and hot, it is another thing; we now pronounce it certainly a case of inflammation of this joint. Here, because the "swelling" is manifest we need no other evidence of inflammation. Again, if the patient complains to-day of pain in his loins, in the region of the kidneys, we may also pronounce it nervous, mere irritation, direct or sympathetic; but to morrow although it is neither red, nor increased in temperature nor swollen indeed, and yet if on pressure we discover a *tenderness*, "Ah," we say, "here is inflammation." We distinguish peritonitis from colic, not by the pain, nor perhaps by the heat, or tumerfaction, but chiefly, and in some instances solely, by the tenderness. Tenderness is the symptom which, if not infallible, is at least the *most* infallible of any heretofore given; and we appeal to our readers whether the complete absence of this circumstance would not in all cases, where pressure could be made directly upon the diseased part, forbid us from regarding it as inflamed.

It is scarcely essential to this matter whether we can show, in what consists the pathological distinction between pain and tenderness, or not, since there is really a wide practical difference. Yet we will offer what seems to us a probable explanation.

Pain may be produced by the point of a pin; and equally upon a surface which is so diseased as to be capable of developing the sensation of tenderness, as upon a healthy surface. If we prick an inflamed structure it produces pain only, precisely as when we prick a healthy structure. It is, we think, a single sensation, and is the result of the disturbance of a single nervous filament, or bundle of filaments: while tenderness is a complex sensation, and is the result of the simultaneous disturbance of a large number of separate filaments; it cannot be produced by the point of a pin, but it is readily developed by pressure with a broader surface, as the end of the finger. It exists in inflammation, as a consequence of effusion: the matter effused being crowded into confined spaces or loculi, whose walls are supplied with an infinite number of terminal nerves, upon which unwonted pressure is made; and it now requires only an opposing broad surface to still more compress these filaments, until the sensation of tenderness shall result.

"The *results* of inflammation are *resolution, exudation, suppuration ulceration, induration, and various other transformations of organs, softening* and *mortification.* All these conditions, excepting resolution, are merely different living processes, which are brought about by inflammation, and are still accompanied by it for a long time."

Chelius has left the beaten track which nearly all writers have taken before him, and has spoken, intelligibly of "results," rather than of "terminations." And the student is not left to understand that when these circumstances occur, the inflammation is terminated. Some are concomitants, some consequences, and some terminations. Exudation or effusion, suppuration, ulceration, induration, and to these we may add the granulation, adhesion and cicatrization, of other writers, we regard as indifferently either concomitants or consequences, yet they are all results. Resolution, and death, or mortification, alone are terminations.

On the subject of that peculiar affection of children which we have been accustomed to term "cancrum oris," upon which an excellent article may be found in the second volume of the North American Medical and Surgical Journal from the pen of B. H. Coates, and also another by Dr. S. Jackson in the 12th volume of the Medical Recorder, (called by Jackson *gangroenopsis*). Our author remarks:—

"Here must also be mentioned that mortification of the cheek which has been called *Noma* by Vogel. It is fortunately not frequent, as it is a horrible and generally fatal disease. With a single exception, of the half dozen cases I have seen, all were children under four or three ears old; some idiopathic, and others originating in a sloughing of the mucous membrane of the mouth, under the careless use of mercurials; and though generally in unhealthly subjects, yet the disease also occured in robust, well-fed children. In its idiopathic form it has been well described, by Drs. Evanson and Maunsell, as follows:—"A particular form of gangrene of the mouth without any preceding inflammation occasionally attacks infants, especially such as are feeble at birth or broken down by disease. An œdematous circumscribed swelling appears on the cheek, with a central point, more or less hard, over which occurs a dark-red spot. This spot may appear on the inside or outside of the cheek; and the skin over the œdematous part is characterized by an oily appearance. An eschar forms from within outwards on the central point, and the soft parts mortify, often extensively, down to the bone, so that the parietes of the cheeks and gums are destroyed, falling off in shreds, mixed with a dark sanguineous fluid, and accompanied by a very fetid odour." In neither of my cases, excepting the adult, did I witness the begining of the disease; but gangrene to a greater or less extent of one cheek, involving generally the corresponding half of the upper lip, existed when the children were brought to me; the surrounding parts were tumid, hard, and of a dull yellow-white hue, very similar to the characteristic color of the countenance of patients under malignant disease. I have little doubt that the mortification of the mouth and fauces after measles, mentioned by Huxham, as well as those referred to by Marshall Hall, and by him stated to have happened after previous disorder of the digestive organs, typhus fever, or some inflammatory disease, are of precisely the same character as those resulting from mercurial influence. The little patient, if not already in a typhoid state, soon falls into it, rapidly sinks as the gangrene spreads, and quickly dies; often, indeed before the least attempt at separation of the slough has been made. Usually three or four days are sufficient to destroy life, but, in one instance, I recollect a child of two years old having lived for a fortnignt, and the greater part of the gangrenous cheek had separated, leaving one side of the cavity of the mouth completely exposed. I fully agree with Evanson and Maunsell, that "no disease can be more frightful or formidable than sloughing of the mouth in children. Recovery seems impossible, when once the disease has set severely in, the child sinking beneath the constitutional disturbance, independent of the local ravages of the disorder, which, however, are often such as to render recovery not to be desired, so frightful is the deformity necessarily entailed."

Following the various forms of mortification, Chelius treats next of some peculiar kinds of inflammation such as, erysipelas, burns, frost-bite, boils, and carbuncles; then of inflammations of special organs, commencing with the tonsils. In all of these chapters we find much original and interesting matter, but we have speculated so long upon the subject of inflammation that we are compelled to ask our readers to accept our opinion of the worth of this volume, or, as we honestly believe they will find to their profit, they must read it for themselves. In our notice of the second and third volumes we will endeavor to keep somewhat nearer the text.

F. H. H.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Sketches of some of the most distinguished Physicians of Paris.—The following sprightly portraytures are contained in an interesting series of "Notes on Medical Matters and Medical Men in Paris," communicated for the Western Journal of Medicine and Surgery. The writer is sojourning in Paris for the advantages of medical observation and improvement which that city affords. We avail ourselves in this number, as we have done before, of other interesting portions of Dr. Yandell's *notes.—Ed. Buff. Med. Jour.*

M. Chomel, professor of clinical medicine at the Hotel Dieu, is in his sixtieth year, though I think if it were not for a stoop in his shoulders he would not appear so old. The expression of his face is pleasant and determined. His head is round, and not badly proportioned; his eyes are black, shaded by handsome eyebrows; his nose turned up, his mouth small and round, his hair thick and gray. In manner he is considerate to his pupils, kind and conciliatory to his patients. Like the majority of Fren chlecturers he speaks fluently, rapidly and distinctly. Making usually but few clinical remarks at the bedside, his service cannot be considered interesting, unless his lectures—which during the winter he delivers three times a week in one of the amphitheatres of the hospital —be considered as forming a part of it, when it is at least not wholly devoid of interest, if lacking in that spirit which makes the service of some of his colleagues so attractive.

M. Rostan, also professor of clinical medicine at the Hotel Dieu, I should say was near the same age as M. Chomel, though he is a younger looking man, of medium height, round body, broad, short, open and agreeable face, good head, medium forehead, thin, grayish hair wanting on top, hazel eyes, small mouth and common nose. This portrait may not strike you as being very like the engravings that we see of the great American philosopher; but I never was more forcibly impressed with the resemblance between any two faces than when, coming one morning from the Hotel Dieu where I had seen M. Rostan, I saw an engraving of Dr. Franklin. Rostan is a pleasing and occasionally an animated speaker, clear in his reasoning, and careful in his deductions, and always exhibiting in his remarks, both at the bedside and in the lecture room, the warmest desire to communicate sound, valuable and practical knowledge to the troop of students, native and foreign, who attend his clinics.

M. Andral is a very ordinary looking man, fifty years of age five feet eight or ten inches in height. His hair is grayish, thin on the crown of a medium sized head, long behind and in front. With a stoop in his carriage, a slim and not very well formed person, a large and long nose, and thick lips, no one would ever point him out as the professor of pathology and general therapeutics in the *Ecole de Medicine.* His service at *La Charite* is attended by few, in fact by no students, because he does not seem to care about imparting instructions at the bedside, As a lecturer I spoke of him in a former letter.

M. Bouillaud, professor of clinical medicine at La Charite, in many respects is Andral's opposite. His carriage is erect, his head unusually fine, his forehead broad, round, high and full, his eyes dark and animated, overhung by black, thick eyebrows; his hair thin, long, and black, sprinkled here and there with gray; for he, too, is fifty years old. His face is thin and his cheek bones high, his nosé large and one of the most expressive features of his countenance. Intellectuality and intensity are the predominant and indelible characteristics of the man. In his bearing towards his patients he is unnecessarily severe and abrupt, and towards his students touchy and ill-tempered. He lectures with great earnestness, fire and grace. His sentences are now round, beautifully turned, ringing and compact, and again, as he becomes engaged in the discussion of his favorite doctrines, or even when presenting some important question, his thoughts flowing as rapidly as lightning, and growing more earnest as he proceeds, they become nervous, and sometimes abrupt, and almost jerking.

M. Louis, one of the physicians at the Hotel Dieu, is a striking looking, finely formed man, standing six feet in his socks, sixty years of age, with a fair head, high forehead, thin, short, brown hair, broad, thick whiskers, straight, handsome nose, crossed by a pair of spectacles, well shaped mouth, round chin, and blue eyes. He struck me as being a fine looking, sour-tempered man, particularly unkind to his patients, and not especially pleasant to the three or four pupils who follow him.

Of *M. Rayer,* author of an able work on cutaneous diseases, I have already spoken.

M. Cruveilhier is a round, pleasing, amiable looking man, fifty-six or fifty-seven years old, five feet seven or eight inches in height, with regular, handsome features, eyes dark and large, mouth expressive of amiability, hair gray, and small whiskers of corresponding color. His manner to his patients is kind. As a lecturer he ranks low, probably lower than any other professor in the School of Medicine· His voice is sadly against him, being weak and without either volume or music. He speaks without animation, in a sing-song, and dwells long upon what is frequently least important. in his subject, often seeming not to seize—as he certainly in many instances fails in developing—the cardinal points of his matter.

Very few students attend his lectures; and when they have been, as I may say, spoiled by listening to such speakers as Denonvilliers, Dumas, Trousseau, and others of the same order, I only wonder that any at all have the patience to *endure* him through an hour. I say endure him, because one must have good ears, keep them well open, and sit close to him, in order to hear the fifth part of what he says.

M. Trousseau is an elegant looking, and very handsome 'man, of fair complexion, long, black hair, which he combs directly back from his face, long Bourbon nose, blue eyes somewhat sunk in his head, which is of medium size. He wears broad thick, half-whiskers. He is an orator. Clear, earnest and graceful, with a fine voice, person and eye, he at first commands the attention of his auditory, and then fixes it by the attractive manner in which he presents the well digested matter of his numerously attended and instructive lectures. M. Trousseau is not yet quite forty-seven years of age, and is, as you know, professor of therapeutics and materia medica in the School of Medicine.

M. Piorry, professor of internal pathology in the School of Medicine, is about fifty-three years old, He is a tall, round-shouldered man, with a long face, long nose, wide mouth, thin lips, small black eyes, and immense black whiskers. He speaks well, that is to say as well as a man without grace of manner or person, or flexibility of voice, can speak. His style is earnest, and could he throw a little grace into his gesticulations, and give the least possible softness to his voice, he would please much more than he does. The expression of his face, like the tones of his voice, is *hard*, and not intellectual, but firm, unbending and determined—in a word, indicative of the character of the man. Laborious and persevering, no task and no number of defeats deter him from the pursuit of his hopes, He said, while a young and unknown physician, "I will one day fill a chair in the School of Medicine." Five unsuccessful *concours*, so far from disheartening him, seemed to inspire him with new and greater determination, and at the sixth, triumphing over every obstacle, he demonstrated in too unmistakeable terms his capacity, and was raised to the chair which he now occupies. His eye is sharp and penetrating, and with his head slightly sunk between his broad shoulders, his huge whiskers, and his stony voice, he strikes one, after all—at least he did me—as being by nature better fitted for a commander of infantry than a teacher of medicine.

M. Dubois, professor in the faculty, (*Clinique d' Accouchement a l' Hopital de la Faculte*,) is about the age of M. Piorry. He is not so tall, and is the mildest, most amiable, benevolent and harmless looking man imaginable. His complexion is fresh; his hair, wanting on the crown, is brown, and [illegible] the sides; his nose is long, his chin long and round, and his [illegible] There is a singular depression about the [illegible] ing as if produced by some sharp-edged [illegible] pressed gradually upon the middle of the parietal bones and raised up the frontal and posterior portion of the cranium. As a lecturer, he is pleasant, popular and practical.

These are unfinished and defective portraits—copied from my note-book—of some of the principal Parisian physicians. In all cases I have given my opinions candidly, and my impressions fully. I have spoken, and will only speak of the different gentlemen as they appeared to me in the wards and amphitheatres of the hospitals, and in the halls of the School of Medicine. And now, after having, with probably as unprejudiced a mind as one could possess, followed in their visits and attended some of the lectures of the greater part of the men to whom I have allued, my opinion is, that Bouillaud, of La Charite, is the greatest man of them all; and if to his other qualities he joined the kindliness of manner to the patients entrusted to his care, possessed by Dr. Norris, of Philadelphia, I should say that he was my choice of all the physicians I have ever seen. I do not here speak of his doctrines, as I do not intend speaking of those of any of the others; but I wish to be understood as alluding especially to his powers as a diagnostician.

Chomel seems to me to belong to the bygone generation. He is at best but an ordinary man, and owes the professional position which he occupies as much to his kindliness of manner to his patients and his pupils, aided by other circumstances, as to any particular strength of mind or fund of knowledge.

Rostan as a teacher at the bed side, is without an equal in Paris; but he has occasionally wandered from the austere and rugged paths of science, and worshipped at other than her altars, and, as is inevitably the consequences, except in men of the hghest order of mind —and in some cases even with them—although endowed with a fair share of talents, and of very popular manner, he has halted this side the great goal, and will never be canonized.

Andral belongs to no common order of men; but there is ever an uncertainty in his mind as to his diagnosis—a laboring after something which he does not reach—a timidity in the formation of his opinions, and a hesitancy in their expression, which deters one from forming that estimate of him which he might otherwise be disposed to do.

Cruveilhier, while considerate to his patients, is a better anatomist than physician.

Rayer, with all his cumbrousness of person, is unquestionably the possessor of a clear, far-seeing, bold and discriminating mind. His wards usually abound in interesting cases, but from his making so few remarks his visits are comparatively profitless to the student.

Louis is not the great man in Paris that he is in the United States;
sting the mind of the opinion entertained of him in either
he a great physician? I answer unhesitatingly in the neg-
this question. As we all have our own ideas of a good
so we have them of a great physician. To be a great

physician, a man must only be able to arrive at a diagnosis, but must be able to do so quickly; he must not only be able to ask questions of the patient which will put him upon the desired track, but he must do it, and not confound the person with a long, tedious and useless catechising; and above all things else, his diagnosis made, and his prognosis given, the autopsy—if the disease terminate fatally—must support the one, and the result of the case confirm the other. Louis can make a diagnosis, but it is always after a long examination of the disease, and useless questions to the patient; and too often, as any one who has followed him in his visits can testify, has his diagnosis been contradicted at the autopsy, which, at last, in most cases, is the only true and legitimate method of ascertaining the capacities of the physician, and the accuracy and value of his knowledge.

I look upon Andral as superior to Louis; Rayer as superior to Andral; and Bouillaud as superior to them all. There is a cast about the mind of Bouillaud which in our eyes is to be preferred to that of any of the others. Bold, vigorous, quick and acute, he is endowed with perceptive powers to an unusual extent, Original and well disciplined, he generalizes and classifies with rapidly and correctness; discriminating, he readily detects errors, and, fearless, he independently exposes it. His powers of generalization, backed by a strong disposition to exercise them, have undoubtedly led him to advance principles which many of his brethren deem untenable. The quickness of his perception conveys him with astonishing celerity to the core of a subject, and he is vexed because others, less fortunate in his particular endowment, still traverse with slow and measured steps what he has passed at a single bound. Bouillaud's diagnosis made, he reveals it on the spot. Louis, as a general rule, although doubtless in the majority of cases he has arrived in his own mind at the diagnosis of the disease, does not avow it, and it is sometimes four or five days before he allows it to leak out. It would be folly to question Louis' knowledge of the physical signs of disease, but the want of powers of combination, which we suppose no unprejudiced man will claim for him, cripples him in his deduction, biases him in his opinions, creates distrust of them in his own mind, and inspires an unpleasant doubt of their correctness in the minds of those who follow him in his visits. Bouillaud, it may be said, is over-confident. The rapidity with which he diagnoses would at first lead one to this opinion; but then, if one will take the trouble to eliminate gradually what he has probably induced on the instant, he will find in the majority of instances that Bouillaud has reason to be confident, because he has arrived at the truth. Bouillaud is irritable—he belongs to the *genius irritabile;* Louis is irritable, without being able to establish any claims to membership in the same class.—*Notes on Medical matters in Paris, in Western Journal of Medicine.* [illegible]

Prof. Rostan on Cerebral Affections.—M. Rostan is in the habit, every year, of devoting a few clinical lectures to the special illustration of diseases of the brain, in which department of science, as you are aware, he has done more than any living physician. In one of his late lectures he examined the value of paralysis as a diagnostic sign. His remarks may be summed up as follows:

Paralysis is one of the most striking and unerring signs which can exist to mark the seat of cerebral lesions. It should be studied in its seat, extent, intensity, march, duration, and in all the different circumstances which may impart to it different characters.—The seat of the paralysis indicates, in the first place, the part of the brain where we find the organic alteration; but much is required to be able, after that, to determine precisely in every case the extent of this alteration. If a circumscribed paralysis corresponds to a circumscribed cerebral alteration, it is possible that this paralysis, occupying both the arm and leg of the same side, may be produced by a simple lesion of small extent, situated upon the confines of those portions of the brain which preside over the movements of the two members, and act equally upon the one and the other. In the appreciation of the extent of the lesion, you must take into account also the extent of the paralysis; but you must not think that in this respect the relations are mathematical; for an organic lesion of circumscribed extent may produce a very complete paralysis, as, on the other hand, an extensive lesion may give rise to a paralysis so slight, that one may even in some degree doubt whether there really exists any anatomical disorder or change. When I first discovered *ramollissement* of the brain, I feared that it would not be possible, during life, to distinguish this from other alterations of that organ—that, occupying the same situation, it would manifest itself by the same phenomena.

But the mode of invasion, the march of the disease, will not be the same as those, for example, of cerebral hemorrhage. They differ in effect; whence the necessity of bearing in mind the march of the affection. If the paralysis is sudden and without precursory phenomena, it is extravasation of blood—cerebral hemorrhage—that you should suspect in the great majority of cases, remembering at all times that there are exceptions to the rule. Thus in certain cases of *ramollissement*, while the lesion is not very extensive, it may produce no sensible trouble; but the day comes when its volume is such that suddenly the phenomena appear with fearful rapidity. This is the drop of water that overruns the vase. The analogy is true. As there are *ramollissements* without precursory phenomena, so these phenomena may occasionally precede the congestion or cerebral hemorrhage.

After examination of the seat and the extent and precursory phenomena, you must look at the march of the affection. A paralysis declares itself, and augments day by day; suddenly there may supervene a diminution of the symptoms, a passing amelioration and this is a circumstance which may lead you into error; for paralysis, even when increasing, has not always a regular march. Under the influence of a sanguine emission, the compression of the pulp may momentarily cease, and consequently the paralysis diminish. This now explains how there may be greater or less alteration in the intensity of paralysis. The paralysis which succeeds cerebral hemorrhage may disappear or persist, according to the manner in which the effusion is made. When the blood has simply separated the cerebral fibres, you can easily understand that in the proportion and measure of its absorption the phenomena of paralysis will disappear; when it has destroyed the cerebral fibres, then the power of motion is wholly lost, and it is in vain that you employ electricity, nux vomica, blisters, etc.

I remember two curious cases of paralysis analogous to some of which you have perhaps read. One was a subject who had been paralytic for many years; he could not walk; his house took fire; he sprang from his bed, walked alone to escape being burned, and was cured. A hemiplegic woman was received at Salpetriere.—Some of her acquaintances put her in communication with a miraacle-worker, Prince Hoenlohe. Prayers were said for nine days; at the end of the time predicted by the prince, the patient was cured, having recovered her movements. This case made so much noise that the governors of the hospitals believed it their duty to institute an inquiry, and they asked me my opinion. My reply was simple, and destroyed all the marvelousness of the miracle. In the first place, it is possible that a moral cause might act upon the brain like the blow of a club upon the shoulder, and that there may not have been a material destruction of the encephalic substance. In other cases there have been hemorrhages, effusion between the cerebral fibres; the effusion is absorbed, and motion does not return, simply because the patient has lost the habit of exercising his limb. Let a cause, it makes no difference what, compel this movement, and the patient is cured. With this woman two things were possible: either that she was in this last condition, and the persuasion that she would be cured had actually given her this movement; or, what is also supposable, she had simulated paralysis in order to enter the hospital, and not finding it quite as agreeable a place as she supposed it would be, became weary of her situation and resolved to change it.

From the nature of the lesion by which it has been produced, it follows that paralysis terminates by recovery, or increases, or remains stationary, and that the treatment should be directed not against the paralysis itself, which is but a sympton, but against the lesion which has given rise to it.—*Notes on Medical matters in Paris, in Western Journal of Medicine and Surgery.*

Prof. Roux on Luxation of Elbow.—There is an example of this luxation in our wards, said Professor Roux a short time since, which affords me an opportunity of offering you some remarks upon the nature of this lesion. The nature of the case was not recognized by the physician who was first called in. You have never known me, he remarked, especially at the bedside, accuse a professional brother of having committed an error; the blame, always out of place, will often be unmerited when it concerns a traumatic affection of the elbow, The articulation is studded with osseous projections which cannot be felt, or which may be confounded the one with another, because of swelling, particularly in women, and still more among children, when they are but slightly disclosed. Our best surgical treatises are, moreover, as regards the diagnosis of these luxations, indefinite and unsatisfactory. For example, they tell you that in the displacements backwards the forearm is always flexed, and that this flexion, with the projection of the olecranon behind, will constitute the two essential characters of the lesion. Now, very often the position of the limb is nearer that of extension than flexion, and in trusting to the pretended constancy of this sign you will be led into error of diagnosis. The displacement is overlooked, especially in children and women, where the osseous projections, as we have said, and the muscles are less clearly defined beneath a tumefaction which, although varying in degree in different cases, is always present. It requires sometimes long practice to avoid this mistake. I have seen ten or twelve dislocations of the elbow thus overlooked, or, to speak more plainly, misunderstood, and left for a long time without any attempts being made to reduce them. It is a fortunate circumstance that after many weeks, and even after many months, we may still succeed in reducing them. If we fail to do so, the motion of the joint is in a great degree lost, and the limb remains permanently extended just as if it were composed of one piece.

I will cite you a case of success: I choose it among those that I have myself observed, because, apart from the pathological interest which attaches to it, there is something of romance connected with it. It was twelve years since, in a foreign country. I was at Milan, having just returned from Pavia, (where, I may remark in passing, I saw the head of Scarpa macerating, unhonored, among other anatomical specimens in a tub.) On my return from this excursion I found some gendarmes awaiting me at my hotel. At that time recent troubles prompted stringent measures of precaution concerning travellers. For a moment I was a little alarmed. The commandant of the detachment advanced towards me, announcing as he approached that he came to consult me about his son. As you may imagine, I was instantly relieved. His son, who was in the Austrian cavalry, had about five months before fallen from his horse and dislocated his elbow. The nature of the lesion escaped the first physicians who were called in. Panezza, and the successor of Scarpa, to whom the patient afierwards presented himself, said they had seen the luxation too late, and made no attempt to reduce it. I examined the elbow; the displacement was evident; there was scarcely the least mobility between the bones. I told the father of the patient that I had often reduced ancient luxations, but none had been in a state similar to this; that I was desirous of attempting it, however, without warranting success; that at any rate there was no danger from prudently directed efforts. I employed a number of robust men in extension and counter-extension, and succeeded. I have seen since many similar examples of success.

Carried too far, these attempts at reduction may produce serious accidents. Unnatural adhesions may be formed, and I only wonder that we do not more frequently fail. I myself have never observed any other accidents here than the fracture of the olecranon; it occurred at the moment when the flexion of the forearm completed the reduction. There was no laceration of the integuments, nor any other unpleasant consequences; but the joint regained its mobility only very incompletely; extension remained limited, which, however, offered less inconvenience than if the limit of motion had been in the opposite direction.

Fractures of the elbow also present great difficulty of diagnosis. It is often hard to pronounce upon the seat, direction, and sometimes even upon the existence of a solution of continuity of the bone. This is easily understood: the least derangement in a machine—the breaking of one of its wheels, the bending of one of its teeth—and its movements are clogged; the apparatus stops. The same is the case with the articulations, and especially with those that are unequal, as of the elbow. We feel that it is not always an easy matter to perceive the spoke of the wheel which has suffered, and the exact alteration which it has experienced. We must be careful in the diagnosis and reserved in the prognosis, remembering that simple contusions of the elbow, especially among children, may lead to anchylosis. If in practice credit has sometimes been given us for cures in which nature has largely contributed to success; more often still have reverses been laid at our door for which the gravity of the lesion alone was responsible. One of my best pupils and one of our most distinguished provincial surgeons, M. Fleury, Jr., had given the most assiduous and enlightened care to a fracture of the elbow; pronation and extension unfortunately remained embarrassed, and it was impossible for me to persuade the patient that it was not the fault of the surgeon. You must not be too sensitive, but prepare yourselves for similar reproaches which the most able have received before you.—*Ibid.*

Surgery at Buena Vista. By W. B. Herrick, M. D., Professor of Anatomy in Rush Medical College, and late Surgeon 1st. Regiment Illinois Volunteers.

Our small army, of about 5000 only, mostly volunteers, under the command of Gen. Taylor. was occupying the position of Agua Nueva, ten miles from San Louis Potosi, when it began to be reported in camp that Santa Anna, with a force of more than 20,000, was on his march from the latter place to attack us.

Rumors of the enemy's advance had arisen frequently, and caused so many false alarms in camp during the winter, that but little credit was given to this report, until after the return of one of our reconnoitering parties with the report of having actually passed through the enemy's encampment not sixty miles from us, and within one day's forced march of our position.

Early on the morning of the 22d. Santa Anna arrived at Agua Nueva, at which time and place he had evidently intended to attack us. But in this he was disappointed by a prompt movement of our commanding general, who had in the meantime abandoned this comparatively weak position, leaving a few wagons and some stores in order to give the appearance of his having retreated precipitantly. and taken possession of the pass near the place, now so justly celebrated, called Buena Vista.

By dawn of day on the morning of the 22d, all our pickets had been driven in by the advance of the Mexican army, and by ten o'clock, A. M., the main body could be plainly seen from our position, advancing in dense columns, marked by clouds of dust, extending as far as the eye could reach.

During this time an occasional volley of musketry could be heard, showing that skirmishing had commenced between our small detachments stationed at our outposts and the enemy, but as yet no wounds had been received on our side requiring the attention of surgeons.

It was soon discovered that the front of the enemy's advancing column had halted about a mile from our position, for the purpose, as was evident, of allowing time for the divisions still in the rear to arrive and take their positions in the vast line, which continued to lengthen till it had extended itself from left to right, across the valley, to the very base of the mountain, a distance of nearly a mile.

The first demonstration of the enemy against our line, was an attempt made by them to get possession of a spur of the mountain which commanded our left flank To oppose this movement, a detachment of riflemen was sent to occupy a like elevation to the left of our line, with orders to oppose, and if possible, drive them from the position.

It was between these two detachments that the action commenced on the afternoon of the 22d, and continued till dark of that day.

The wounds received, upon this first day of battle, were mostly from spent balls, but few proving serious, and not more than two or three fatal, The extraction of a few balls, and the application of simple lint and bandaging was, therefore, so far as I know, all the surgical aid required on the evening of the 22nd.

By dawn of day on the 23d the action was again commenced between the two contending parties, both of which had kept their respective positions upon the mountains during the night; and by nine o'clock the whole enemy's force was seen advancing to attack us.

The different surgeons, with their stewards and such others as had been detailed to assist in taking care of the wounded, had already stationed themselves at convenient points near their respective regiments, ready with a plentiful supply of instruments, ligatures, bandages, splints. &c., for the arduous and responsible duties of the day.

Up to this time we had had leisure to watch the movements of the enemy, and time to indulge in some not very pleasing anticipations with regard to the result of the approaching contest. The action, however, soon commenced, as it seemed to us by a simultaneous discharge of musketry from both the opposing lines, and in a short time after, all thoughts upon other matters had vanished to give place to feelings of responsibility, and intense anxiety to determine correctly what to do in some cases, and what attempt in others, where to cut for a ball, and how to dress a fracture; or in case of shattered limbs, if to amputate at once, or attempt to save them.

From the hour of the attack, made upon us by the main body of the enemy iu the morning, up to a time long after their retreat at night, the labor, both of body and mind, of every surgeon upon the ground, was both unremitted and constant; for it was constantly happening during the day, that long before all the cases consequent upon one charge upon the onemy could be disposed of in the most cursory and hasty manner, another desperate onset would be made to add to the number of the unfortunate still lying around us, waiting for surgical aid. Surgeons upon every part of the field were constantly being called on, amidst the din of battle, and frequently in positions as exposed as any, to attend to important cases—reqniring good judgment and the best professional skill.

It would naturally be supposed that at such a time, and under such circumstances, many cases must have been entirely neglected, or if not, improperly treated. It gives me pleasure to say, on the contrary, that the opportunity which I had the day after the battle, of seeing most of the wounded and assisting in dressing such wounds as required attention, enables me to state that snch cases were extremely rare.

The most common practice adopted by the different surgeons upon the field, was, in cases of gun shot wounds, to extract if possible, all foreign substances, and in cases where balls could be felt, too far from the external wound to admit of the use of the forceps, to cut for and extract them. A simple pledget of lint, and bandage, were, in most cases all the dressings used or required. In some few cases compresses and tight bandaging were necessary to arrest hemorrhage. But few, if any cases, that I am aware of, required ligation of an artery to stop bleeding; a fact easily accounted for, when we recollect, that the divided extremities of vessels in gun-shot wounds are necessarily jagged and contused—a condition as is well known favorable to the coagulation of the blood within them, and consequently, to the prevention of hemorrhage. In cases of fractures, most of which were necessarily both compound and comminuted, the common practice was to extract all pieces of bone that were found so detached as to endanger their vitality, and to remove, as in flesh wounds, all foreign substances that could be readily found, and then to apply bandages and splints, as a temporary means of preventing motion between the fractured ends.

With regard to amputations upon the field, the rule generally adopted, was to amputate at once whenever the principal vessels and nerves of a limb had been destroyed, in cases of a fracture where the bones were found very much shattered, and in instances where important joints had been much injured.

In connection with this subject I will remark that the result of my experience, both upon the field and in the hospitals after the battle, is to convince me that the surgeon's most responsible and important duty upon the field, is to determine in the different cases when to attempt to save a limb, and when to amputate; for in a great majority of instances, so far as my knowledee extends, primary amputations were followed by favorable, and secondary by unfavorable results.

In regard to the primary treatment of gun-shot wounds, I will state, that if any mistake was committed by the surgeons, myself included, it was, in my opinion, in not being particular enough to explore thoroughly the cavities and free them from all foreign substances, such as bits of lead, cloth, paper, &c., the presence of which proved so troublesome during the subsequent treatment.

In making these remarks I do not wish to convey the impression or express the opinion, that this apparent defect in the primary treatment was on account of carelessness or neglect on the part of myself or others; my only object in referring to the matter is to direct attention of surgeons to the importance of devising some other means of freeing gun-shot wounds of foreign substances than those usually recommended and adopted. A simple instrument, similar to the probang used for dilsodging extraneous substances from the œsophagus, for instance, might be used to cleanse wounds admitting of its passage directly through them, exce perhaps, those involving important cavities.

The above remarks, hastily drawn up from memory, may serve to give our readers some conception of a surgeon's labor and responsibility upon the field. We are aware, however, that they have been altogether too general in their character to be of much professional utility, or to justify us in continuing them further at this time.

If we can hope for further indulgence from our readers, we propose to occupy a few pages in a subsequent number of the journal, with a continuation of our remarks upon the after treatment, and the result of our experience in the hospitals at Saltillo.—*Illinois and Indiana Medical and Surgical Journal.*

Case of Obstinate and Fatal Constipation.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I take the liberty of sending you an account of a case, the most remarkable that has ever occurred in my practice; and if you deem it of any interest to your readers, you are at liberty to publish it in your journal. The case was one of obstinate and fatal constipation, from insidious inflammation.

The patient was a married lady of our city, in middle life, and between four and five months advanced in pregnancy. I was called to the case some two or three days after she was taken down with symptoms of what she and her friends called colic—similar attacks of which she had had frequently before, and they commenced treating her with laudanum in the usual way, but without any effect.

When I saw her there was no tenderness over the epigastrium upon pressure, and no fever—she simply had violent pain over the region of colon and stomach, attended with considerable flatulence, which would entirely disappear for a while and then return again. In a word, the case seemed to be clearly one of *flatulent colic.*—And as such, a solution of half a drachm of bi-carb. soda, with fifty drops of laudanum, was administered, to be followed with a full dose of oil, having the same amount of laudanum, provided the pain returned.

There was ease for two or three hours, when the pain returned and the oil and laudanum were given, but rejected. Cal and pul. Dov. *aa* gr. x, were given, with some relief for a short time. This was followed by another dose of oil, which was again rejected. The pain returning and the stomach irritable, the following prescription was ordered:—℞., S. mur. hydrag., gr. xij.; pulv. opii, gr. ij. M. Ft. pil. iv. One to be taken every two hours with laudanum, gtts. xi., between the pills, if they should prove insufficient to quiet pain. The pills and laudanum were all taken with but partial relief. The stomach being somewhat irritable, a dose of magnesia, to be repeated, was ordered, to move the bowels This was all rejected.

I now discovered, for the first time, and this was on the evening of the second day of my attendance, that there was some tenderness over the abdomen, on pressure—and some fever, though not very great. Thinking there might be some degree of inflammation present, and that it was not impossible for colic and inflammation to be combined, I determined to draw blood, and took about two ounces, and then had a large blister applied over the region of the stomach and bowels. She was left with an anodyne for the night.

Saw her next morning. No better. Had vomitings in the night, and the pain continued all the time, though still returning at times with greater violence.

Being anxious that the bowels should be opened, all anodynes were stopped, and senna and salts were administered in repeated doses, four in number, without effect—two of which, however, were rejected.

Evening.—Stomach continues sick, and now rejects almost everything taken. There being some thirst, the free use of ice was allowed, and injections ordered. At bed-time visited her, and found the pain had increased on pressure over the region of the stomach and colon—that there was some restlessness, with a moderate degree of fever. Ordered 24 leeches to be applied upon the abdomen, and followed by poultices.

Next morning saw the patient early. Found her no better, but rather worse. Sick stomach through the night, with occasional vomiting. Pain all the time, but still greater at some moments than others. The bowels not moved yet. Ordered the warm bath and injections to be repeated while in the bath, and the following pills: ox-gall and hyoscyamus—five grains of former with two and a half of latter, and croton oil, two drops, made into four pills—to be given alternately every two hours till the bowels were moved.

Mid-day saw patient. No better. Bowels not yet moved. Some of the medicine rejected.

Professor Monkur was now requested to see the case with me. At 4 o'clock, P. M., we met. The patient no better, and no operation yet.

The doctor advised calomel to be given in large doses. Three powders were ordered; the first of twenty, the second of fifteen, and the third of twenty grains; the first to be followed in two hours with half an ounce of ol. tereb. rubbed up in an emulsion—and so on through the night, till the bowels were moved.

Next morning both sent for to see the patient early. Found her much worse, though she retained the medicine, and took the whole prescribed; which amounted to forty-five grains of calomel and one ounce oil turpentine—which, added to the twenty-two grains previously given, made now sixty-seven grains of calomel in her system—and yet no motion of the bowels. As the was no time to lose, the doctor thought we might venture on five drops of croton oil at a dose, as he said he had given as high as seven drops with good affect. This was given, injections of turpentine ordered and the patient visited again at 10 o'clock. Found the medicine had been retained, but bowels not moved. She was now evidently sinking fast. There was great restlessness, tossing from side to side of the bed; pain not so great, but still complains very much. Ordered mercurial unguent to be rubbed freely over the abdomen, inner side of the thighs, and arm-pits—and directed a dose of oil.

6 o'clock, P. M.—Met, and found there was still no operation, and that the patient was evidently *in articulo mortis*. She died about three hours after.

Post-mortem Examination, 10 *o'clock next morning*.—Abdomen considerably distended. Colon greatly enlarged by wind, fluid injections, and some feculent matter. No hardened fæces discovered. Next to its size, the most prominent alteration was the high grade of inflammation seen throughout its whole course, and most especially on its left ascending portion, commencing at the caput coli. Here the redness was intense, with incipient patches of mortification at different points. The small intestines showed a considerable amount of redness in different parts of their course, but not in so high a degree as the colon. The colon, in fact, showed that it was the great focus of all the distress, and the cause of death. No hardened and impacted fæces, no intussusception, no strangulation, could be discovered—the inflammation alone seeming to be the cause of all the torpor and want of contractile power shown by the bowels. The distention of the colon by wind or gas may, probably, have had some share in this general paralysis of its muscular apparatus. The stomach was slightly inflamed—also the peritoneum. Liver and spleen looked healthy. Uterus somewhat inflamed—and the right Fallopian tube, with its fimbriated extremity, greatly engorged with venous blood.

Remarks.—It seems evident, at least to our mind, that in the above case there must have been inflammation of the colon from the very beginning, and that its true character was masked by the symptoms of colic, which were associated with it, and predominant at the outset. And this teaches us the important fact, that not only these two diseases can come together, but that an insiduous, highly dangerous and fatal inflammation may also be going on at the same time in the system, unsuspected, till the Rubicon has been passed, the citadel of life stormed, and medical skill consequently put at defiance. Most respectfully,

W. R. HANDY.

BALTIMORE, Md., Oct. 18, 1847.

We think, with the writer, that colonitis existed from the beginning; and, we would add, that the case teaches the importance of avoiding powerful cathartic remedies under like circumstances. Leeches to the abdomen or anus, fomentations or cataplasms, and opium in decisive doses, would, in our opinion, have been far more likely to have obviated constipation by relieving its proximate cause, viz., inflammation. As connected with the use of cathartics, the case is highly instructive.—*Ed. Buff. Med. Jour.*

Paralysis from Arsenic and treatment by firing.—In the *Dublin Gazette*, Dr. Corrigan gives the history of a case of the above disease, of which the following is an outline; and he subsequently explains and remarks on the form of treatment which he denominates "firing" or scorching, rather, as distinguished from actual cauterization.

"A laborer was admitted under Dr. Corrigan's care, Dec. 7th, 1845, laboring under paralysis of upper and lower extremities. The paralysis was greater in the lower extremities, which were unable to support the weight of his body. The muscles of his thighs and legs were flaccid and wasted, but sensibility not impared. His intellect is unimpaired; the pulse is quick and rather compressible, the bowels regular, and the appetite good.

"He attributes the present attack of paralysis to a dose of arsenic which he took by mistake for flour. On having taken it, he was brought to an hospital in Liverpool, and the stomach-pump used. Immediately afterwards, he began to feel disagreeable prickling sensations in his hands and in the soles of the feet. He soon began to totter in his walk; his limbs then became unable to support the weight of his body, and in this state he was admitted into the hospital.

"Five grains of blue pill were given three times a day, until the mouth became sore, for a week.

17th.—No improvement; the firing-iron was applied along the spine and over the thighs and legs.

"20.—He has regained considerable power over the arms, but not over the lower limbs.

"The firing is applied every day along the spine, thighs, and legs.

"24.—He is now able to walk, firing to be continued daily; one sixteenth of a grain of strychnine three times a day.

"January 5th, 1847.—Limbs rapidly regaining their strength. On the 8th inst. all treatment was discontinued. He was retained in the Hospital until the 23d instant, lest any relapse should occur. He occasionally called at the hospital, and was, at the date of the last report, February 25th, in the possession of perfect strength."

Dr. Corrigan then remarks:—

"I wish to point out the mode of using this application, and the reason for preferring it to other counter-irritants. The iron used is portable, consisting of a thick iron-wire shank, about two inches long, inserted in a small wooden handle, having on its extremity, which is slightly curved, a disc or button of iron, a quarter of an inch thick, and half an inch in diameter, the whole instrument being six inches in length. The face of the disc for application is flat. This, trifling as it may seem, must be attended to. In the French cauterizing irons, the bottoms for cauterizing are spherical, and the consequence is, that they must either be pressed long and deeply into the skin, to bring them in contact with an extent of surface equal to their diameter, or they can be made only to touch at a single point. The only other portion of apparatus required is a small brass spirit-lamp. To use the instrument, it is only necessary to hold the button of the instrument over the flame, keeping the forefinger of the hand holding the instrument at the distance of about half an inch from the button. As soon as the finger feels uncomfortably hot, the instrument is ready for use, and the time required for heating it to this degree is only about a quarter of a minute. It is applied as quickly as possible, the skin being tipped successively, at intervals of half an inch, over the whole affected part, as lightly and as rapidly as possible, always taking care to bring the flat surface of the disc fairly in contact with the skin. In this way the process of firing a whole limb, or the loins making about one hundred applications, does not occupy a minute, and the one heating by the lamp suffices. You can ascertain at once whether the heat be sufficient. If you look sideways at the spots as you touch them, you will observe that each spot the iron has touched immediately becomes of a glistening white, much whiter than the surrounding skin. In the course of a quarter of an hour, sometimes of a very few minutes, the whole skin becomes of a bright red, and the patient feels a glow of heat over the part. The iron is never rendered red hot. It is indeed very little hotter than boiling water, and he never makes an eschar with it, and very rarely indeed raises a blister. There are merely seen upon the skin next day, a number of circular red marks, the cuticle not being raised, and the surface being ready, if required, to receive a fresh application, and what is of no trifling consequence, where such an extent of counter-irritation has been used, there being no discharging surface to interfere with the motion of the limb, or the comforts of the patient. In most cases, the patient is quite unconscious of what has been done. In the case of a medical friend of the author, he could not ever guess what the application was; he merely knew that a not disagreeable smarting or heating sensation was suddenly produced but could not say how, until he saw the instrument. The thickness of the disc or button of the instrument is not a matter of indifference. If it be thinner than the measure given, it will cool too rapidly; if it be thicker, it will take too long a time in heating."

Dr. Corrigan goes on to say—

"I can certainly recommend its application in the way here directed, as one of the most useful of our counter-irritants; it can be applied so rapidly, so extensively, and, as I have already said, without even the patient knowing, very often, what has been done. Its superiority over blisters may also be owing to the suddenness of the impression produced. The effect is often as instantaneous as the application. My friend Dr. Mitchell, Master of the Victoria Lying-in Hospital, consulted me some months since for a severe attack of lumbago. I applied the firing, and he was in one minute quite free from pain. He has since used it himself extensively in practice, and, I believe, he will shortly publish the results of his observations."

To this succeeds the mention of several equally successful cases quite sufficient to justify a trial of the remedy.—*London Lancet.*

The Treatment of Epilepsy, by Professors **Rostan**, **Velpeau**, **Williams**, &c.—By reference to the letter of the Editor, in the * last No. of this Journal, it will be seen at thhe had not at its date received communications from the above named gentlemen, on the subject upon which they had been consulted. He now briefly gives the treatment recommended by them in the case alluded to:—

1st. Take for drink the infusion of the flowers of the peach tree, or the leaves of the laurel.

2d. Take three times a week a bath with the infusion of the linden tree, or of the leaves of the laurel, and of the temperature of 98°, while cold water is poured upon the head—the patient remaining in it four or five hours.

3d. In the interval between the bath, the patient will occasionally be placed standing in a foot-bath at the temperature of 104°, and water at 78° be poured upon the head.

4th. Take of the powdered *root* of belladonna, one grain each day for the first week, and increase one gr. each week, watching carefully the effects of this article upon the system—diminishing, augmenting or suspending it, according to its action.

5th. Let the patient be purged at least once a week.

(Signed,) Rostan.
Paris, 14th August. Velpeau.

M. **Leuret**, physician in chief to the Bicetre Hospital, was also consulted He agreed with the treatment just related, and laid great stress upon *exercise to fatigue*, and also recommended to arrest the premonitory symptoms of attack, a large dose of opium and musk.

Prof. **Williams's** letter is as follows:

London, Holles St., Aug. 25, 1847.

The chief indication in the treatment of these cases is obviously to endeavor as much as possible to equalize and strengthen the circulation, whilst all causes of occasional embarrassment or excitement are carefully avoided or counteracted. The treatment of each individual case will require a very careful examination into the state of all the functions, and the application of fitting measures to correct any that may be in disorder. The functions which I have found most frequently erring (even when not mentioned by the patient) are those of the heart and kidneys. Palpitation often precedes the attack without being obvious to the patient; and to prevent this I have found hydrocyanic acid or digitalis, in doses gradually increased, very serviceable remedies; and they may be combined with tonics or otherwise, according to the condition of the system. An unhealthy state of urine, manifested by either scantiness or albuminons impregnation, I have discovered in several cases, and have corrected by a large blister to the loins, followed by a free and long continued use of the expressed juice of Taraxacum (or Extract prepared without heat) together with bi-carbonate of potash or other diuretic salt. In addition to these means, others calculated to improve the general health and tone of the circulation —much open air—regular moderate exercise, careful diet. &c,— should not be overlooked.

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* See last No. of Buffalo Medical Journal.

The prognosis is extremely varied, and cannot be stated without a very minute knowledge and some experience of the case. I have known many cases recover partially—some entirely: in others no improvement took place, but ultimately gradual lapse into altered structure of the encephalon. A lady, the mother of one case now under my care, was subject to occasional fits from puberty until her second confinement, which happened about 14 years ago, since which she has had none. Her daughter has also had several since pnberty, but she has had only one in the last 12 months, during which she has three times a day taken gr. iss. Zinci Sulphat. with gr. xij. Ext. Flor. Taraxaci (prepared without heat).

The above are the best hints which I can offer, without the advantage of seeing the patient; and remain,

Yours, faithfully,
C. J. B. Williams.

[*Southern Med. and Surg. Journal.*

Creosote in Vomiting.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the last No. of your Journal I found a few remarks, taken from the Buffalo Medical and Surgical Journal, in reference to the use of creosote in vomiting; and as the following case is one in point, I transmit it to you for pnblication.

A daughter of Dr. D. E. Brown, æt. 4 years, was taken on the 7th day of this month (October) with a slight chill, accompanied with obstinate vomiting, and followed by high fever, without any abatement of the sickness of the stomach. Calomel, morphine and camphor, severally and [illegible] together with the use of enemas, and of hot applications externally, were resorted to, and every means which the skill and experience of her father could devise were brought into requisition to allay the irritation of the stomach —but without success. For five days it continued to baffle every effort for its subjugation, the stomach rejecting every thing that was taken into it, even to a teaspoonful of water. On the fourth day of the disease, a slight evacuation from the bowels had been procured; the discharge was white and watery. On the evening of the 12th (the fifth day of the disease) I saw her for the first time. Her appearance was alarming in the extreme. She was lying in a semi-comatose state, her eyes fixed and glassy, her countenance pale and Hippocratic, respiration slow and laborious, pulse frequent, and so small and thread-like as to be scarcely perceptible, the extremities and the whole surface of the body cold. Every thing taken upon the stomach would be rejected in a short time, and spontaneous paroxysms of vomiting were recurring every few minutes. The use of the creosote was now agreed upon. One drop in a little syrup was given, but was thrown up in about three minutes. Two drops more were immediately administered, which were retained. The lower bowels were now distended with enemas of milk and water, in which were contained a little common salt, and frictions and hot applications externally were made use of. From this time, the stomach became and continued quiet, and in about an hour the injections came away, bringing with them a considerable quantity of fecal matter. Two grains of quinine and twenty drops of brandy in a tablespoonful of water were now given. The pulse gradually lessened in frequency, and increased in strength and volume; the eyes and countenance assumed their natural appearance, the breathing became easier, and the surface and extremities warm. Nothing further was done until morning, when a little chicken broth was given, and an enema, containing five grains of quinine, thrown up the bowels. The broth was retained upon the stomach, and constituted the first article of nourishment that had found a moment's resting place there for five days. From this time her recovery was rapid and complete. not the slightest return of the vomiting having taken place since the second dose of creosote was given.

I have had occasion to make use of the creosote in several cases of obstinate vomiting, prior to the one now reported, but never before have I witnessed so happy an exhibition of its virtues.—Where a high degree of arterial excitement, with a flushed countenance and hot skin, accompany the morbid action of the stomach, I should be very much inclined to doubt the propriety of its administration, but when the system is prostrated, the pulse thread-like, the countenance bloodless and the extremities cold, it may be resorted to with a prospect of success which but few if any other agents can afford.

Schoolcraft, Mich., Oct. 16th, 1847. A. W. Mack, M. D.

Remarkable Case of Suicide, and Extraction of a Needle from the Substance of the Heart.

NASHUA, N. H., SEPT., 1847.

[DEAR SIR :—A singular case occurred in Nashua, a few weeks since, which you may, perhaps, think of some interest. I will briefly and hastily state the facts, leaving you to make such disposition of them as you may think proper.]

On Sunday, the 16th of August last, one of the most desperate acts of self-destruction was committed by a young man, aged 23 years, in Nashua, N. H. The young man had been slightly indisposed for a day or two previous to the act, and confined to his room. He requested his father, who was sitting near him, to leave the room, as he wished to get some sleep. He left the room for a short time, and on returning, found his son deluged in blood, with his throat cut most shockingly. I was soon in attendance—found the patient nearly lifeless, with three extensive cuts across the neck. The cuts were through the hyoid, and between the thyroid and cricoid cartilages, severing entirely the larynx. On the left side, over and along the course of the fifth rib, there was an extensive cut down to the rib. During the hæmorrhage, the trachea had become nearly filled with blood, rendering his breathing extremely difficult. I turned him over upon the side, when, he quackled, and with a convulsive effort threw out a large quantity of blood from the trachea. I secured the bleeding vessels, dressed the wound, and left the house, with orders to give the patient brandy and water. After the lapse of two hours, or more, the messenger came again, saying that the patient had roused and wished to see me immediately. On my entering the patient's room, he said, "Doctor, I have got a darning-needle in my heart." I inquired how the needle came in his heart. His reply was, that he put the needle into his side previous to using the razor—that he feared the needle was not going to make sure work, &c. He placed his finger upon the spot where he said he put the needle, which was just between the fifth and sixth ribs. At this point there was a puncture in the skin, like the puncture of a pin or needle. He at this time had the appearance of great suffering—his pulse rapid and strong—his breathing extremely difficult—every breath attended with a screech. From his own statements, and the attending symptoms in the case, I was of the opinion that there was something in his side or heart, and that I should be justified in making an effort to extract it. I accordingly mades an incision between the fifth and sixth ribs, down to the intercostal muscles and made my dissection laterally, but could not find any trace of the needle. My next step was to cut down to the pleura, which I did by dissecting up the intercostal muscles. I now placed my finger on the pleura and pressed gently down, when I thought I felt a sharp point come in contact with my finger with every pulse of the heart. I now made my third incision through the pleura. It was now that I had a sight of the needle. By dilating the wound with the aid of retractors, I could distinctly see the heart act with the needle in it. With the aid of a pair of forceps, I extracted the needle, and it was followed with a forcible stream of blood. The patient soon became more quiet, breathing less difficult; pulse less frequent; slept some during the night. Second day, has no pain; breathing easy; pulse 90; sleeps well; takes nourishment with much difficulty, on account of the division of the œsophagus. He continued to improve daily, up to the sixth day, when he was attacked with pleuritic pains, inability to swallow, and died on the eighth day after the needle was taken from the heart.

Post-mortem Appearance.—Pleura slightly inflamed around the wound. On the inner surface of the pericardium there was a puncture, resembling a leech-bite, where the needle entered. The pericardium contained no blood, and the heart appeared natural. On opening into the left ventricle, we found where the needle entered this cavity. There was a small membranous sac, about as large as a pea, formed in the left ventricle, which contained pus. Nature, it seems, had set up a process by which to protect herself, by throwing around the needle this adventitious membrane.

I am, Sir, very respectfully, your obt. servant,

[*N. Y. Annalist.*] J. G. Graves.

Exterior use of Nitrate of Silver in Conjunctivitis.

To the Editor of the Annalist :

Dear Sir :—Dr. Hocken, of London, presented to the profession, some time since, through the *Lancet*, an article upon strumous conjunctivitis, and a method of cure with nitrate of silver, applied to the outside of the lids. As I had seen a good deal of the suffering attendant upon the usual application of this remedy, and its doubtful efficacy, this new plan struck me as, on one account at least, preferable to the old. I therefore determined to try it, and have done so, in a variety of cases, not merely of struma, but of acute and chronic inflammation from other causes, even in cases of granular lids, and always with the most astonishing success. I cannot recall a single instance where more benefit has not followed than I had been accustomed to expect from the old method. In some cases the intolerance of light, scalding tears, pain, and injection of the conjunctiva have been removed by one application, and the eye almost perfectly restored in twenty-four hours after; and this without the production of the least pain. It is no small advantage of this mode of using nitrate of silver, that no harm can result to the eye by its injudicious use, as may follow the introduction of the caustic into the eye, either in the solid or fluid state.

The manner of using it is to draw a clean stick of pure caustic, previously moistened, once or twice over the lids, keeping them, meantime, a little tense; and repeating this, if necessary, in a few days. Yours respectfully JOHN S. CAMERON, M. D.

No. 120 SPRING ST., SEPTEMBER 27, 1847.

A case of Serious Effusion in the Theca of the Medulla Spinalis. By H. T. CHILD, M. D.—I was requested on the morning of the 11th inst., to see R. D. S., male, aged twenty-six. I found him sitting up,, and obtained the following history of his case:—He had been exposed to a severe rain, two days previously; and on the afternoon of the 10th he was attacked with paralysis of the lower extremities, so suddenly that he fell over while engaged at business. When I saw him at 9 A. M., the paralysis had extended so as to partially interfere with the motions of the upper extremities; sensation appeared natural; his pulse was about 80; there was no apparent tenderness on pressure along the spine; he had passed his urine freely within an hour; his speech was somewhat affected. I directed a cathartic of extract of Colocynth combined with powdered Cantharides.

At 3 P. M., my friend Dr. C. H. Bibighaus saw him with me, and we found that, soon after I left, he had lost the power of deglutition; his pulse was now 88, and rather oppressed; we directed free cupping along the spine and a blister to the nape of the neck; in the evening the pulse was 100; he had swallowed nothing, but was profusely salivated and had been all day, the cause of which we were unable to trace. I emptied the bladder by means of the catheter, and directed an enema of infusion of senna and tinct. of aloes.

On the morning of the 12th, Dr. Noble saw him in company with Dr. B., and myself; his pulse was 90; he had had his bowels evacuated by the enema and had passed his urine; his mind was somewhat affected; sensation natural; constant restlessness and desire to be moved. We directed sixteen ounces of blood to be taken, by cups to the spine, and a repetition of the enema. At 1 o'clock, P. M., his pulse was 120; skin hot and dry. I passed a tube into his stomach, and injected a gill of milk and water; he said he felt refreshed; from this time he sank rapidly; his breathing became hurried and stertorous, and at 7 P. M., he died, about 50 hours after the first appearance of disease.

A post mortem examination was made thirty-six hours after death, by Dr. Bibighaus and myself—Dr. Noble being absent from the city. We opened the spinal column in the lumbar region, and found it filled with transparent serum; the theca was somewhat softened, and there was atrophy of the medulla spinalis. We were not able to examine the condition of the brain and other viscera.—*Medical Examiner*

Progress of Quackery.—Hahnemann and Halloway.—The following affords additional insight into the *modus operandi* of the medical cheats called homœopaths, while a contrast is presented by the effects of a rival practice. We always knew, and proclaimed it, that these advocates of a non-medical treatment administer most active remedies when the necessity for them arises:—

Practices oj Homœopathists.

"Sir,—The account of the substitution of active substances, in anything but infinitesimal doses, for homœopathic globules, &c., as given in the last number but one in the *Gazette*, will not surprise many of those who have been accustomed to investigate closely the practice. I have also adduced analogous instances in the last edition of my work, especially the case of the Duke di Cannizaro, formerly well known in London as Count St. Antonio, who at Milan, being treated homœopathically for some slight ailment, had to take three globules, at intervals of some hours. Having accidentally omitted the morning globule, he said to his valet, when the time for taking the second arrived, that when he ought to take the third dose he would be at the opera, and that being homœopathic globules, it would do no harm to take the three at once, which he accordingly did, and was dead within two hours;—the preparation being one of nux vomica.—Your obedient servant,

EDWIN LEE."

Case of Death by Holloway's Pills.

"Mr. Grimwood, of Walton, narrates the case of a man, aged 25, long laboring under scrofulous disease of the femur and tibia, by whom he was consulted, on the 25th of June last, for symptoms indicative of inflammation of the intestinal mucous membrane. It appears that the poor man, while in his ordinary state of health, was advised, with the hope of being cured of his old-standing complaint, to try Holloway's pills, beginning with five night and morning, gradually increasing the dose to ten, and then recurring to five. These instructions he punctually obeyed, with the effect of producing hypercatharsis, which he endured for about a week, in the belief that unless such an effect were caused, he could not obtain any benefit. This continued and symptoms of greater severity setting in, Mr. Grimwood's assistance was sought, about ten days or a fortnight after the man commenced taking the pills. He then presented evident symptoms of peritonitis and enteritis in an advanced stage, attended with great exhaustion, from the effects of which he soon sank. A post-mortem examination does not appear to have been made."—*Dublin Medical Press.*

The concours in France.—In the Journal des Connaissances Medico-Chirurgicales for July, there is a full report of the discussion in the Chamber of Peers on the bill for regulating medical practice in France. During its progress M. M. Cousin and Flourens offered an amendment by which the Concours for the places of Professors in the Schools of Medicine is abolished, and the following plan substituted: Each of the following bodies, viz: the Faculty in which the vacancy occurs, the Academy of Sciences and the Academy of Medicine, presents the names of two candidates, from among whom the minister of public instruction selects one to fill the vacant chair. This plan has been long pursued at the College of France and Museum of Natural History, and was formerly in vogue in the School of Medicine, and M. Cousin says it has always worked well, The amendment was adopted by the Peers.

It has been stated by a correspondent of the Annalist that this abolition of the concours is a government measure, brought forward to give it more patronage. This is an error. The law proposed by the minister and reported by the committee, retained the concours, and it was at the suggestion of the distinguished men named above, and by their efforts, supported by those of M. Thenard, that the amendment was adopted.

The concours is retained for all places except those of the highest degrees of instruction, i. e., professors in the schools which have the power of conferring the degree of doctor of medicine. The arguments of M. M. Cousin & Thenard, were very able, showing that the concours was inconvenient, consumed a great part of the time of the professors, was harrassing to the candidates, and often repelled, from this circumstance, men of the highest talents and qualifications, who would forego the chance of obtaining the highest places rather than submit to the annoyance, vexation and mortification of a concours. Many examples in point were related, among others Louis, Magendie & Broussais—the latter obtained his chair by appointment, the two former are not professors in the School of Medicine. None of the three have ever concoured.—*Southern Jour. Med. and Pharmacy.*

On the treatment of Young Permanent Teeth, that require Plugging.

By J. F. B. Flagg, M. D.

In the course of a series of microscopic observations upon the human teeth, in which I have been engaged for more than two years past, I was early led to observe the striking difference of density in the bony portions of teeth of different ages; particularly in their more external parts, as the bone approaches either toward the enamel or cortex.

In two preparations, consisting of transverse sections at the neck, one, an adult tooth, the other of the age of eight years, I have observed this peculiar development most decidedly illustrated. A section of the older tooth being prepared sufficiently to allow the light to pass between its pores, when subjected to a powerful lens, presented a uniformly fibrous, or striated appearance, from the edge bordering upon the chamber of the nervous pulp, quite to its outer surface, with the slight exception of the *cortex* at this part of the tooth; that being beautifully defined by its clustering stars.

A similar section of the young permanent molar, althongh it appeared equally opaque as the other at its *inner* portion, yet it gradually became less so, for about two-thirds of the way towards its outer circumference, when all its fibrous appearance was lost, and the external third became perfectly translucent.

Much difficulty has been experienced in the practice even of our best operators in regard to saving these early permanent teeth. It is not unfrequently necessary to fill the same cavity twice or three times, at periods varying from one to three years, before we can we can confidently pronounce it to be an operation *lasting and permanently useful.* The probable reason for this is the change which is constantly progressing within the tooth, necessary to its growth and full development; the capillary tubes, in the immediate vicinity of the cavity so filled, evidently acting to its detriment. I think it reasonable to suppose that this condition may be superinduced by vital action being in contact with a foreign substance. Be this as it may, having pursued the following practice with uniform success, I recommend it to others desirous of benefitting the condition of young sufferers in this respect.

After removing every particle of decay, I devote as much time to *burnishing* the bony surface as is necessary to close the mouths of the tubuli opening into the cavity. This should be done with a smooth instrument, capable of reaching every portion of exposed bone, and with sufficient strength to cause the bone to present under the instrument somewhat the feeling of *enamel;* then wipe dry, and fill *full, solid,* and *finish.—Med, Examiner.*

The Medical Profession in Paris and London.—According to M. Domange's Medical Almanac, the number of practitioners in Paris 1st. Jan. 1847; amounted to

Doctors of Medicince - -	1442	
Officers de Sante - - - -	165	
		——1617
To these may be added, Pharmaciens - - - - -	345	
Midwives - - - - - - -	480	
Total - - - - - -		——2442

In estimating the amount of practice which falls to the lot of these 1617 qualified medical men (at Paris as elsewhere, charlatans and unlicensed persons abound likewise,) we find tho official statements in 1846 give us a population (including, however, hospitals colleges, and garrison,) of 1,053,097 souls. In 1845, of 32,705 birth, 5,678 occurred in the hospitals, that is, more than a sixth part did not fall into the hands of the practitioners and midwives, these last taking the lion's share of the remainder. In the same year 25,156 deaths took place, of which 15,888 took place at their own houses, the rest dying in hospitals, &c. In 1845 there were 1598 practitioners, and dividing the deaths among these, we find about 10 must fall to the lot of each. In the hospitals, the proportion of deaths to patients is about one-eighth; but if, in the easier classes of society, we call it a fifteenth, each practitioner would then, upon an average, have an annual practice among 150 patients, or 12 per month. We may leave to others to calculate the mean number of visits these may require, and the product of such, at charges of 5, 3, 2 francs, or even less—to say nothing of bad debts. This, if patients were equally divided.; but there are some few of great repute who receive their £4000, others whom the hardness of the times leaves only £2000; and so on, from step to step, to those. who, yet better provided for than the mass of their brethren, with great difficulty attain £200 at the end of the year. Lower, and much lower still, there are practitioners who make as litsle as £60, £50, or £40 per annum; and how many are there who in the first year of their practice do not take £20.

And yet the evil is on the increase: the number of practitioners is constantly augmenting. In 1845 there were but 1430 doctors: 50 died and 62 left; but this vacuum of 112 was not only filled up, but replaced by 124. In 1845 there were 168 *officiers de sante*, 175 in 1847: so that the total addition of practitioners in only two years amounted to 19. In 1845 there were 450 midwives, in 1847 there are 480; while the accouchnments at home only amounted to 27,227. Take from these the gratuitous confinements provided by the charitable societies, and those conducted by the practitioner, and there certainly cannot remain a mean of 50 patients per annum for each midwife. The majority then cannot live by their profession. What then do they live by? That would be worth while inquiring into?—*L' Union Medicale*, No. 102.

[The writer goes on to recommend the limitation of the number of the practitioners to the wants of the population; forgetting apparently that every occupation and profession is in like manner overburdened and could put forth equal claims to repression, if these were not perfectly inadmissible in the present state of society, which is to be governed by moral and prudential restriction, and not by the exclusivism of a worn-out period. The medical profession has, however, the remedy in its own hands in a great measure by means of which it may right itself, and yet benefit the public, namely, the increasing the period of study and the amount of requisite qualifications. Certainly the pecuniary position of the medical body in Paris, if the above representation be correct, is far worse than that of our own capital; since, for our own two million souls, we have but 2,413 qualified practitioners, while for their own million they have 1617. Then again, the midwives with us are a most insignificant class, employed only by the poorest of the population as a matter of necessity; while too many of our own practitioners add to their strictly professional receipts, the profit of tradesmen by vending drugs, perfumery, ann even quack medicines! For our parts we prefer the honorable poverty of our neighbors to this lurative but degrading practice among ourselves].—*Medical Chir. Review.*

Progress of the Cholera in Europe and Asia.——Foreign papers announce that this dreadful scourge is again making its appearance in different parts of Europe and Asia. Its approach is creating alarm with those who have watched its progress from the plains of Scinde towards Western Europe. About eighteen months since, it ravaged the banks of the Indus with awful severity, inflicting serious loss upon the British troops at Kurrachee and Hyderabad. About the same time it raged in Affghanistan; spread from thence into Persia, which it traversed from east to west, spreading to the northward into Tartary, and southwardly into Turkish Kurdistan, and the pachalic of Bagdad. Early in the present year, it made its appearance to the west of the Caucasian mountains, and committed great ravages in the Russian army acting against the Circassions; and we just now learn of its re-appearance in Europe, having broken out at Taganrog, Marianopolis, and other ports on the westerly shores of the sea of Azof, Smolensk, Riga, Tifflis, Kars, Kontais and Trebizond. Great alarm is felt at Warsaw, where the authorities were preparing hospitals. As in its former progress towards Europe, in the years 1830 and 1831, the general course of the pestilence has been nearly due north-west; and it seems, so far, to have travelled at about the same rate as on that occasion. In 1831 it made its appearance on the shores of the Baltic (at Riga. Dantzic and Memel), in the month of may, at Vienna and Berlin in August, at Hamburgh in October, and reached England in the beginning of November.—***Boston Med. Sur. Jour.***

Beef-tea.—When one pound of lean beef, free from fat, and separated from the bones, in the finely chopped state in which it is used for beef sausages or mince-meet, is uniformly mixed with its own weight of cold water, slowly heated to boiling, and the liquid, after boiling briskly for a minute or two, is strained through a towel from the coagulated albumen, and the fibrine, now becoming hard aad horny, we obtain an equal weight of the most aromatic soup, of such strength as cannot be obtained, even by boiling four hours, from a piece of flesh. When mixed with salt, and the other usual additions by which soup is usually seasoned, and tinged somewhat darker by means of rosted onions or burnt sugar, it forms the very best soup which can in any way be prepared from one pound of flesh—*Liebig.*

EDITORIAL DEPARTMENT.

On the Present State of Medical Science, and the Nature and Treatment of Typhus. A Dissertation read before the Boston Society for Medical Improvement, Sept. 24, 1847. By WOODBRIDE STRONG, M. D.

Communicated for the Boston Med. and Surg. Journal October 27.

By way of introduction to the few critical remarks which will follow, we avail ourselves of this opportunity to say a word or two on the subject of criticism generally. We take it for granted that in science, as in literature, every individual has an undisputed right to the utmost latitude of opinion and taste, and should be allowed the largest liberty of expression so long as he does not interfere with the rights of others. In other words, we suppose that it will be universally conceded, that the phrase *Republic of Letters* is not merely a metaphor, but a literal fact. Criticism, like every thing else pertaining to letters, involves opinions and the expression of them, to which the utmost scope is allowable, provided the rules of propriety and courtesy are not infringed.

The last postulate is not less self evident than that preceding it, but it does not seem to be always so considered. Judging from the comments, or complaints which criticism sometimes provokes, it is a function which should be rarely exercised: should be restricted within narrow limits, or, it is a prerogative which belongs but to a few. We do not purpose to discuss this subject; we have stated our intention to offer only a word or two upon it. In venturing to assume the privileges, or the duties of criticism, we are exposed to the common reproach "who made thee a judge"? "by what right do you arrogate censorship in matters which are before the medical public? We say, in reply, that we profess to exercise no judicatory authority, nor do we presume to arrogate anything beyond the same liberty of thinking and utterance which is enjoyed by those whose writings we criticise. We claim only an equal participation in the rights and privileges belonging to every member of the Republic of Letters, when we select as themes for thinking and writing the thoughts and writings of others. Much might be said respecting the injustice and injury of curtailing the freedom of critical investigations; but we have only alluded to the subject to repudiate the idea that the self-constituted critic assumes thereby more than he has a right to assume without arrogance or egotism. He assumes the privilege of enunciating publicly his opinions, of the opinions of others, both being equally amenable to the only tribunal by which their respective claims and merits are to be adjudicated, viz., the collective opinions of the public.

With these proemial remarks, which have been suggested by the occasion, but not written with express reference to it, we proceed to the dissertation of Dr. Strong.

The Dr. speaks first of the importance of diagnosis, and is of opinion that this important branch of medical art is very much neglected. This will appear from the following quotation, in which, also, the reader will perceive that he places rather a low estimate upon medicine as exemplified in the medical literature, and medical practice of the present day:—

> "Medicine has been practised with less knowledge of the subject than would suffice to do any other business, which falls to the lot of humanity. What! practise medicine, without a knowledge of the condition of the patient; guess at the disease, and guess at the remedy! This is indeed "applying remedies of which we know little, to bodies of which we know less." Who among us would commit the most trivial article worth mending, into the hands of one as ignorant of its lesions and of what is needed to repair it, as are the greater part of the profession of the diseases of their patients?
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> In every other occupation, the repairer of breaches first finds out the injury, the nature of the damage, and then applies himself, with a definite purpose, to repair it. The physician often, on the contrary, guesses at the injury and the remedy for symptoms without even the trouble of guessing.

This, and such as this, forms the basis of medical science; and we wonder that the world will countenance quackery, or that we in 1847, have to contend with quacks, in high places and in low, and that the long-eared public does not see the difference between us and our rivals, and respect us more. We, who have the books, the records of all the experience of the past, clothed in such panoply, have to contend with the men of yesterday; mailed knights, with naked peasantry; and the contest doubtful—victory, perching now on this, now on the other standard. We call medicine a science; and medical men, who have been systematically educated, scientific; but what claim has either to the appellation? What are the books of medicine—the best of them—we speak of therapeutics—but records of superficial views of disease, or deductions as superficial? Mere vague conjectures. What notions does every one bring to the treatment of disease, but such as these? Any one, who should pretend to certainty in this matter, would be laughed at for his presumption, or sneered at for his simplicity, as not having arrived at that esoteric state of scepticism, which marks the character of all the initiated.

The highest and the palmiest state of medicine is to be sceptical, to do really nothing, and prevent the patients doing anything; and thus to leave the case to nature. The physician, is but little better than a higher grade nurse; he has read more, and seen more, than his worthy coadjutor, who bears that name, par excellence, but he is only her senior, and has advanced one step further. She has great faith in the doctor, and his medicine; he doubts the whole matter, and considers it a humbug, a tub to the whale, which may serve to amuse him."

Such are the views of a Practitioner at Boston—the American Athens—where (as we had fondly cherished the belief) were numbered in the ranks of our honored profession as many names of those who confer honor on the profession, as in any other city of the American Union. We hope these are not the views of the *Boston Society for Medical Improvement*; and, indeed, we think we are safe in expressing doubts that a resolution to the effect that the Jacksons, Warrens, Shattucks, and Bigelows (not to mention other equal, and a host of lesser luminaries) are each "but little better than a higher grade nurse," would be adopted unanimously, by that highly respectable society. We have no right, however, to quarrel with Dr. S. for his opinion. He is at full liberty to entertain and express it, and we have no doubt there will be some to whom the statement will be cheering information—to wit—the "Quacks in high places and in low," of which he speaks.

With such views of "the present state of medical science," the inquiry naturally arises, what are the emotions of the writer? He is himself a practitioner of medicine; what are his feelings in being one of a body of men which he holds in so low estimation? It might be anticipated that so melancholy a confession would be made in a spirit of despondency; but, far from this—Dr. S. is of opinion that such an unfortunate state of things is quite unnecessary. Physicians have only to do as he does, and they will cease to be such as he represents them to be. He by no means looks upon *himself* as a "higher grade nurse." The following quotation presents the grand precept which it is his aim to enforce, illustrated by his personal example:—

> I repeat, an accurate diagnosis of the intimate condition of the system is the only foundation for a scientific, a rational, or a useful treatment of disease. The treatment should be a fair deduction from such a diagnosis. Every prescription should be as legitimate an inference from a previously ascertained condition of the patient, as any conclusion in the mathematics are, from the previous steps of the process.
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> Such are some of my views and principles of action. In every case of disease, I have endeavored to make such a diagnosis as I have attempted, although imperfectly, to describe, and I have acted upon it boldly and decidedly, whether I had the standers-by with me or against me. Nor have I feared the unkind and censorious criticisms of my medical brethren, Not that I would purposely brave their opinions; but because I knew that what was said in the matter, was said through ignorance. I court the judgment of every fair-minded man; but must ask him, first, to understand the matter.
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> He, that would convince me of error in this thing, must first have gone through a course of observation such as I have been through. He must show by observation that my methods are fallacious; and not only so, but convince me that a train of proofs, as extensive as have been the observations which my eyes have seen and my other senses have recognized, have not existed—a matter of difficulty, it being no easy task to disbelieve one's own senses; when they have been most deliberately exercised."

Let the reader ponder well on the truths shadowed forth in the foregoing paragraphs! An accurate diagnosis, as a necessary preliminary for correct treatment of disease, is a maxim as novel, as it is valuable! How strange that, with all the thought bestowed upon medical subjects, this important practical injunction never before occurred to the anxious inquirer after truth!

Let every medical man, also, imitate the decision and boldness of the writer, who informs us that he endeavors, in every case, to make a diagnosis of the intimate condition of the system, and act without reference to the standers-by! We sincerely hope this idea will not be lost upon the Jacksons, the Shattucks, and other *higher grade nurses* of the city of our alma mater.

So much as preliminary to the especial theme of the dissertation, viz., Typhus or Typhoid fever. The reader will be curious to know what are the author's deductions respecting the intimate condition of the system, alias, the pathology of typhus; and what the treatment which is to be pursued "boldly and decidedly," without reference to by-standers.

The pathology is most lucidly unfolded in the following extract, which, as the reader will perceive, embraces an important pathological principle of universal application:—

> "There are two elements, as has been said, which enter into every disease, unless we except those that are spontaneous—each element important to be understood, and requiring to be duly appreciated, in order successfully to combat the resulting disease, the compound of the two.
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> The two elements which enter into typhus, are the invading cause, and the previous condition of the system. The two combined, make up the disease which the physician is called upon to treat. There is good reason to believe that typhus of itself, appearing in a perfectly healthy body, if indeed it ever does appear in such a condition, would always be mild, and never fatal, except by accident, and that the fatal cases are owing to a complication with a previous derangement of the habit; and therefore, till this is discovered, and duly appreciated and treated, no method of practice will or can be successful,
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> The most constant complication is a derangement of the abdominal viscera, or costiveness. A habit of insufficient defecation is almost universal among the Yankee race; and too prevalent among all races. In consequence there is, in some cases, an accumulation of fecal matters; and in others, an over-staying of them, and then there is a tendency to decomposition. This is kept in check by the vital energies, to a degree compatible with life, and often for a long time before it becomes predominant, when in the form of some disease it will explode. But any cause, weakening the powers of life, may disturb this nicely adjusted balance; and then the chemical affinities will become too strong for the vitality to control, and a more entire decomposition will take place. Typhus is eminently a disturbing cause; it attacks the vital principle, and pros-

trates all the energies of the body, and therefore tends to the result above indicated in the cases spoken of. But farther than this, it does not require any extraordinary accumulation to induce a decomposition of the contents of the bowels; it may do it, in a condition of things compatible with high health, and in every case where there is predisposition enough to allow of the invasion of the disease."

Decomposition of the contents of the bowels is the cardinal point of the pathology and therapeutics of typhus, according to the doctrine of Dr. S. The demonstrative evidence of this is the odor emitted by the fecal evacuations. In plain anglo-saxon, the feces *stink*, ergo, they cause disease of Peyer's glands, prostration, sordes, &c. A consideration, however, here suggests itself:—Sensations are always relative. Now, as a point of departure by which to appreciate the stench of the morbid discharges of typhus, we should have been glad to have the writer's opinion as to the proper adjective to be applied to the odor of healthy feces. A medical friend of ours is wont to characterize healthy alvine evacuations as presenting a *rickness of color*, and, perhaps, by way of antithesis, Dr. S. would say, that they possess an aromatic fragrance! *Chacun a son gout!*

The practical course recommended is contained in the following:

"If the physician finds by his examinations in any kind of disease there are accumulations, over-staying of food, or a degeneration of it, the discharge of these matters is the indication; and in proportion to the length of time this has continued, and also to the degree of the degened, will be the time required to do it. Let no one expect by a single dose of medicine to repair the fault of years; many of these cases require the repetition of cathartics for weeks—some, even, for months. I have succeeded in curing cases which had resisted all previous treatment in other hands, by a daily, or almost daily, repetition of a cathartic for from six weeks to three months, and this without an accident, or weakening the patient, On the contrary, I expect, if the cathartics are well adapted, that the patient will gain strength while using them; and I have had them often gain flesh, and once at the rate of a pound a week. This happened in a child less than three years old, while he was taking a cathartic every day, which brought from three to six dejections each day. And what else should happen? Whilst you are taking away the cause that oppressed the system, the re-action must come; as in the case of a spring, when you relieve it of a weight too heavy for its power of resistance.

How is typhus to be treated? Precisely like any other disease, on its own merits. The first busines is to examine the state of the bowels; and as the indication is found to be, so let the treatment be. If the bowels are largely, or only partially full, relieve them by the daily use of cathartics. But in typhus an obstinate state of the bowels is to be expected; and it will often happen that a week or more will pass, with the daily use of a cathartic; and with from three to six dejections each day, and that for this time the dejections will be too mucous and watery, not sufficiently fecal, after which frequent and copious fecal dejections will be obtained each day, to the speedy relief of all symptoms.

The author declares the results of this own practice as follows:

"But, aside from speculation and reasoning, the ultimate test is experience. However plausible any plan may appear, if it will not abide this test, it is valueless. In this matter I have only my own experience to appeal to, as I know of no one else, in the present or past, who has pursued the plan indicated. Since I have adopted this plan fully, which is now some eight or ten years, it has never failed me. I have not yet had a solitary case of death by typhus to report, where I have had the sole management of the case from its commencement to its termination; and what is further, I have rarely if ever had a case presenting the common phenomenon of dark sordes on the teeth, with dry and black tongue and ulcerations. Most of the cases, however threatening their aspect at first, have come, in a few days, to be so mild, and the recovery so rapid, that the parties have sometimes rather underrated their physician's attendance, looking upon his bad-tasted physic as an imposition, and the disease of too trivial a nature even to demand their thanks. And lookers-on, who have been accustomed to the disease in its ordinary form, have occasionally pronounced it impossible that a disease so mild, should be a typhus fever. I believe some parties, and those, too, where the most threatening form of the disease had been arrested, have felt that the little pittance of a bill which was presented, was made by acting on their fears, and keeping them sick, when they had some trivial disease. The plan proposed, however philosophical, however beneficial, however humane, is not one calculated to make us popular, or our patients grateful; and to those who prize popularity more than the consciousness of doing good to the unthankful, I should not recommend it."

The gist of the discourse, as respects the pathology and treatment of typhus, is, that the disease is chiefly dangerous and severe from fecal accumulations, and their decomposition; and that the aim of the practitioner should be to secure a thorough evacuation of these *materies morbi* by the persistent use of purgative remedies.

This theory and practice are far from being new. Ever since the publication of Hamilton on purgatives (a work which, with some good, we are constrained to think has done not a little harm) this class of remedies, with English and American physicians, has been more indiscriminately and extensively resorted to than any other class, and in fevers not less than in other diseases. The Abernathean doctrine, that most diseases are constitutional, and that the term constitution is synonymous with stomach and bowels, also, did much toward encouraging the use of cathartics. Indeed, it may be said that one of the characteristics of medical practice for the last half century has consisted in the excessive use of these remedies. Medicine, and, it may perhaps be added, society, are just recovering from the tendency to this therapeutical extreme. How any writer can suppose the system possesses novelty is truly surprising. That the mode "is a wide departure from that received by his medical brethren," we can well imagine to be the case, as he states it is; but that the writer should be unacquainted with the fact that it has been one of the sheet anchors of therapeutics in the estimation of not a few authors and practitioners, we could not have conceived. We can only account for it by supposing that he has himself acted upon the maxim which he inculcates, viz., that "men and not books are what need to be studied." We had supposed it to be now pretty well established, that the purgative course which he advocates is calculated to produce the prostration, dry tongue, sordes, &c.—symptoms which he declares seldom if ever occur, provided that course be resorted to. This supposition is based upon the united observations of those whose opportunities have been, individually, not less extensive than those of the author of this dissertation. Yet, the latter appeals to his experience as affording invincible evidence of the correctness of his views, for he gives us to understand that he has never lost a case of fever the treatment of which has been entirely under his supervision. Upon this evidence he rests the claims of the practice which he recommends. Now, we have no doubt that Dr. Strong is sincere in this statement, and believes it to be an honest report. We know him to be a man of high respectability, and to impeach his veracity would be the last thing to enter our mind. Nevertheless, even admitting the number of his patients to have been few, we are free to say we do not believe the statement, nor do we believe he would ever have made such a statement had he adopted the plan of *counting* propounded by Louis, of which he takes occasion to express his contempt.

But it may be asked how can a sensible, honest man deceive himself so egregiously as the skepticism you have expressed would imply? Why it is so, it may be difficult to explain, but the fact is not the less certain on that account. We were once assured by a practitioner of considerable experience that if patients with intermittent fever were bled during the hot stage, and the paroxysms arrested by quinia they would never suffer from relapses. We put the experiment into practice keeping records of the cases. It is needless to say that it was speedily falsified. This instance occurs to us. Cannot our readers recall similar examples of self-deception? Nothing is more common in intercourse with practitioners than to hear the most positive statements enunciated with respect to the invariable efficacy of certain modes of practice in certain diseases, but the same results seldom follow similar practice in the hands of those thereby induced to adopt it. Hence, the immense advantage of the numerical system in enabling us to avoid errors, and in giving precision and certainty to medical experience.

There never was a truer remark than that "medicine has suffered more from false facts than from false theories." Theories may often be safely adopted or rejected on their abstract merits, but false facts, supported by positive testimony, appeal not so much to reason, as to faith. The liabilities to self-delusion, and the difficulties in the way of determining facts, owing to the number and complexity of the elements which they involve, are not enough considered. We are too apt to receive them without hesitation or allowance, and such is the tenacity with which the mind adheres to what have been acknowledged to be facts, that their correction requires much time and effort when they have once obtained currency. The history of medicine furnishes an abundance of striking illustrations of the flexibility of medical experience. What doctrine, however absurd, but was professedly sustained by the results of experience! Brunonism, on the one hand, and Broussaism, on the other, antipodes of practice, each boasted that it was only necessary to witness its influences in relieving disease, and diminishing mortality, to be convinced of its verity. Homœopathy, with its amazing absurdities, appeals most confidently to facts, and there are some honest persons who imagine, that they have seen with their own eyes triumphant exhibitions of its power over disease! Returning to the dissertation, and waiving discussion of the pathological and therapeutical merits of the views which it sets forth, we conclude by expressing the hope that those readers who deem them deserving of attention, will be content to try them by the experience of the past, by conflicting facts furnished by the testimony of those whose observations lead to opposite conclusions, before resorting to the test of experimental inquiry. We must confess we have some bowels of compassion for the bowels of the present and rising generation, and we would save them the painful duty of demonstrating anew, in this instance, the truth of the maxim *experientia fallax*.

Principles of Human Physiology, with their chief applications to Pathology, Hygiene, and Forensic Medicine. By Wm. B. Carpenter, M. D., F. R. S. Fullenian Professor of Physiology in the Royal Institution of Great Britain, Corresponding Member of the American Philosophical Society, and of the National Institute of the United States, &c.. &c. Third American, from the last London edition. With notes and additions, by Meredith Clymer, M. D., Consulting Physician to the Philadelphia Hospital, late Professor of the Principles and Practice of Medicine and Clinical Medicine in the Franklin Medical College, Philadelphia, etc., etc. With three hundred and seventeen wood cuts and other illustrations. Philadelphia, Lea and Blanchard: 1847; 8vo. p.p. 752.

That our readers may not confound the different publications emanating from the pen of Dr. Carpenter, we should state, that this is not the work noticed by us several months ago. The latter was entitled *Elements of Physiology*, and differs from the present in being of a more elementary character. His work on the *Principles of Physiology*, which is more comprehensive in its scope, first appeared four years ago, and having passed, in the mean time, in Great Britain through three editions, the present, as the reader will perceive by the title page, is the third American, reprinted from the latest London edition.

Physiology is eminently a progressive science. Under the combined influences of microscopical researches, and the application of organic chemistry, its character has materially changed within a few years. Animating as is the contemplation of scientific advancement, it is sometimes disheartening to reflect, that when we have mastered all that appertains to a particular stage of progress, our future labors are in no wise lessened. That imaginary elysium of repose which stimulates the industry of those who strive for wealth, can have no place, even in the fancy of the devotee of science. The fruits of the exertions of the latter consist in acquiring greater inducements and facilities for continued application. He is satisfied to have it so: it is only in his occasional moments of fatigue and discouragement, that he feels dissatisfied with the toil which his pursuits impose upon him.

Assuredly, no province of scientific truth can boast of more brilliant epochs than have characterized the history of Physiology for the last quarter of a century! The Practitioner who entered upon the study of medicine less than twenty years ago, must retain a vivid recollection of the *then* philosophical works of Bichat, Richerand and Hunter. But contrast the present condition of the science with what it was in the possession of the vast imprrovements which emanated from these and other contemporaneous physiologists! Consider the discoveries of Sir Charles Bell, and the later advances made in the knowledge of the nervous system by Marshall, Hall, and others; the development of the cell philosophy; the splendid results of analytical chemistry, and the boundless anticipations which may be rationally entertained of its future disclosures —these, and other characteristics of progress only carry us back but a few years, within the memory of those of us who are among the junior members of the profession; and we have every reason to believe, that the events of the next few years will not be of a less striking and important character.

Commensurate with the constant acquisition of physiological knowledge, have been useful additions to Pathology and Therapeutics. This must ever be the case, so intimate are the relations existing between the study of life in its healthy, and in its morbid manifestations. Hence it is, that the practitioner who would keep pace with the progress of medicine, must not fail to make himself familiar with the important facts which are constantly being educed by the labors of the physiologist. The practical necessity of the study of physiology derived from its close relationship to the other departments of medical science, is so clear, and so generally appreciated, that its discussion would be gratuitous.

These considerations are not inappropriately introduced in a notice of the work whose title page is prefixed to this article; for in this work the student and practitioner will find a lucid, philosophical, and sufficiently comprehensive exposition of physiological science as it exists at the present moment. More than this we need not say, as we have heretofore taken occasion to express at some length our views of Dr. Carpenter as a physiological writer [Review of *Elements of Physiology* in vol. 2d of this Journal].

With reference to the merits of this edition of the work, it is but fair to present the following quotations from the Preface:—

> "The present edition has not only undergone a very careful revision; but has in many parts received large additions, and has been in many others entirely remodelled." * * "The quantity of matter has been augmented by an amount equivalent to the addition of fully a hundred pages. A considerable number of new wood engravings of first rate execution, have, also, been introduced. Among the principal additions will be found a chapter on the varieties of the human race; intended to convey to those, who have not time or opportunity to peruse Dr. Prichard's elaborate treatises, a general view of his arguments and conclusions. The account of the Primary Tissues, which was formerly included in the chapter on Nutrition, has been extended in a degree commensurate with the Author's estimate of its importance, and has been made to form a distinct chapter nearer the commencement of the work." * * "Many, however, of the additions, and alterations scattered through the work, are the result of the Author's own investigations."

By the Preface of the American Edition we learn, that many of his notes to previous editions have been incorporated, by the Author, in the text of the present edition—which is not stated by Dr. Carpenter, as, it seems to us, should have been done, if he considered them of value, and was indebted for the facts which they contain to Dr. Clymer. The American edition, also, contains one hundred and fifteen more wood cuts than the third English edition.

That these additions possess value we do not deny, yet we must confess that we should have been better pleased if the duties of the American Editor had been confined to supplying omissions of the contributions of our own countrymen, and in this respect, we are sorry to say, the work is defective. We looked in vain through the section treating of animal heat, and the chapter on muscular contractility, for reference to the striking observations of Dr. Dowler, of New Orleans. These should not have escaped the notice of the Author, but it is quite inexcusable that they should have been silently passed over by the American Editor.

In justice to the candor of Dr. Carpenter it deserves mention, that he does not hesitate to accord to Dr. Moultrie, of Charleston, S. C., the credit of the hypothesis that the final purpose of lymphatic absorption is for nutrition, not excretion; a hypothesis which Dr. C. had supposed was original with himself, before meeting with the writings of Dr. M. on that subject. We are also gratified to perceive that he adopts the very ingenious and philosophical explanation of the forces presiding over capillary circulation offered by Prof. Draper of the University of the city of New-York.

We conclude by commending the work most heartily to our readers. In mechanical execution it is in the usual style of Lea and Blanchard.

To Readers, &c.—The Editor and publishers of this Journal are often applied to for specimen numbers, that those who have some intention of patronising the work may examine it before subscribing. When this request is complied with, and the applicant concludes not to subscribe, the volume is broken, and it is all the same to the publishers as if the remaining numbers had been sent. On this account, it has become necessary to decline such applications. We would beg leave to suggest, that the best method of determining whether it is advisable to take the work, or not, is to subscribe for a year, and, at the end of that time, let it be discontinued if the subscriber be not satisfied.

We embrace this opportunity to say a word or two on other subjects relating to the Journal. And, first, we should be glad to receive a larger number of original communications. One great object in establishing the Journal was, to afford a convenient medium for interchanging views, and communicating facts appertaining to medicine and the medical profession.

We are well aware, that if this object were more fully carried out, it would add greatly to the interest and usefulness of the work. Practitioners, with whom we are casually thrown, frequently remark, that they have had it in contemplation to furnish articles, but have been deterred from so doing because it is not not done more generally by others. We would, therefore, urge all who are so disposed, not to wait for others to take precedence, but to make a beginning, and set an example, which, we do not doubt, will be followed, and prove advantageous to all parties. We say to our readers, one and all, write, that others may be encouraged to do so, and that you may have the benefit of their lucubrations; *write*, that our science may receive advantage from the constant accession of new facts; *write*, that medical periodical literature may be promoted; and, last, not least, *write*, that you may derive personal satisfaction and profit therefrom, in the greater precision it will give to your ideas; the stimulus to study, reflection, and observation it will afford; and the greater interest it will cause you to feel in the daily exercise of your professional avocations. It is a secret worth knowing, that the most efficient of the external means to promote mental discipline, acquisition of knowledge, and scientific zeal, consists in making use of that humble, but potent instrument—the pen.

We trust our readers will excuse the bathos of passing abruptly to a topic of quite a different character, to wit: the payment of arrears. We are sorry to be obliged to allude again to this topic; but there are still a few subscribers who have not paid for the first and second volumes of the Journal. We are compelled to know this, from the fact, that we are pecuniarily responsible for the amount which, through neglect, has not yet been received. Pray, bear this in mind, delinquents, and not ask us to pay your subscriptions, in addition to the editorial responsibilities which we have assumed for your benefit.

We must express our regrets that the work is not invariably punctual. If we could have our way, it would always be issued promptly on the first day of the month; and it is but justice to ourselves to say, that, when it has not been so, it has been for reasons not within our control. We trust, that in future, there will be less occasion for apologies on that score.

We have reasons for the gratifying reflection, that there are not a few who take an interest in the prosperity of the Journal, and would be glad to promote its success. We would simply intimate, that efforts to extend its circulation will be the most effectual mode of securing its constant improvement, as well as giving a wider scope to whatever usefulness it may possess. It is evident that the circulation will be doubled at once, if each subscriber will secure another. We beg leave to commend this suggestion to those whose approval and good wishes we have been so fortunate to obtain in this enterprise.

Lectures on the Principles and Practice of Physic, delivered at King's College, London. By THOMAS WATSON, M. D., Fellow of the Royal College of Physicians; late Physician to the Middlesex Hospital, &c. Third American, from the last London edition. Revised, with additions. By D. FRANCIS CONDIE, M. D., Secretary of the College of Physicians; Author of a Treatise on Diseases of Children, etc., etc. Philadelphia: Lea & Blanchard. 1847. 8vo. p.p. 1040.

If the sentiments of those with whom we are acquainted, furnish any criterion by which to measure the current opinion of the profession, in point of present popularity, Dr. Watson's work bears the palm. No other work on practical medicine, at this moment, is more highly and generally esteemed. This could hardly be the case if the work did not possess sterling excellencies. It is, however, in some measure due to the colloquial, off-hand style in which it is written. The author candidly states that the lectures were hastily prepared, and, from internal evidences, it is easy to perceive that they were written *currente calamo.* But for this very reason they are more attractive. Had he devoted ample leisure and meditation to the composition, he might, perhaps, have made a better work; but we much doubt if he would have succeeded so well in those qualities which engage the attention and interest of the reader. Published lectures, in which an easy, conversational style is happily preserved, are the most acceptable form in which scientific instruction can be communicated by books, because it possesses, in some measure, the advantages which appertain to oral teaching. We seem to be brought into nearer personal relations with the author, and his writings have a practical cast which we cannot so well appreciate in more formal and elaborate productions.

Giving our opinion frankly for what it is worth, we deem the late work by Dr. Wood a better text book than that of Dr. Watson; but, for the reasons just mentioned, it is, perhaps, less attractive. In making this remark, however, we have no intention to disparage the merits of the latter. Dr. Watson is not only an agreeable writer, but a sensible, judicious, well-informed practitioner. We believe it is not doing injustice to medicine *as it now is,* to say that the work is a faithful exponent of its principles and practice.

The reader will perceive, by the number of its pages, that it embraces a large amount of matter. It has the additional recommendation of being furnished at a very reasonable price.

Dr. Condie's additions denote judgment and good taste; and for the American reader enhance the value of the work.

The *getting up* is excellent.

Prosecution for Manslaughter by Mal-practice.—A prosecution for manslaughter, in the fourth degree, in consequence of mal-practice, the defendant being a non-medical man, and professing in this instance only to be a practitioner, was tried before Judge Stevens, in this city, at the Erie County Court, a brief account of which may possess some interest for our readers. We condense the following from the minutes of Judge Stevens, which he has kindly placed at our disposal for that purpose:

It appears from the testimony, that in the latter part of August last, a man by the name of Edwin Backus, arrived at Hamburg, Abbot's Corners, near this city, in the public conveyance, being on his way to Jamestown, and stopped at the tavern, being too unwell to proceed farther. He stated that he had not been well for several days. The defendant, named George B. Green, residing at Abbott's Corners, was loitering at the tavern when he arrived, and, professing to be a practitioner of medicine, volunteered to prescribe for him, to which the man assented. Green then went to the office of Dr. Nott, which was nigh at hand, and requested of a medical student in the office, (Dr. Nott being absent,) to supply him with some blue pills, saying that he desired them for a friend of his who was ill at the tavern. While the student was looking for the pills, Green examined a vial containing oil of hemlock, which happened to be there, and after tasting it, and calling it oil of turpentine, said it was just what he wanted, and that he would take it instead of the pills. The vial was almost one-third full, (an ounce vial;) but, before leaving the office, Green added about two-parts of water. This vial he gave to the sick man, with directions to take a tea-spoonful every two or three hours, and received half a dollar for the advice and medicine. The patient then retired to bed. This was in the afternoon. In the evening he complained of great sickness, and the next morning, at daylight, of pain in his back, and in the region of the stomach, nausea, and sense of soreness in the stomach. Dr. Nott was sent for at 8 A. M. The vial was then examined, and about two-thirds of its contents found to have been taken. Dr. Nott ascertained that during the night he had suffered much from what he called severe cramps in the stomach, together with acute pains in the head, and back. The spasms occurred at intervals. There had also been epistaxis. He complained at the time of his visit, of nausea, and pain in the back. There was obscure tenderness over the epigastrium, and in right hypochondrium. The spasms and acute cephalalgia did not return. Dr. Nott administered an emetic, which appeared to afford relief.

Dr. Nott considered the case to be one of bilious fever. Remissions occurred several times, giving hope of recovery, which proved delusive, and death took place about four weeks after his arrival. During the latter part of his illness he vomited almost incessantly a bluish tinged fluid, which stained linen like blue ink. This continued until he died. The alvine discharges, at that time, were dark, like tar.

On examination after death, the stomach contained some of the same fluid vomited. The mucus coat throughout was softened, resembling jelly, and could be scraped off readily with the scalpel. Similar disorganization was observed in the duodenum, and upper portion of small intestine. The intestinal glands did not present disease. Liver and spleen were enlarged.

Dr. Pringle, of Hamburg, who attended the case in conjunction with Dr. Nott, concurred in the foregoing statement of symptoms, and morbid appearances.

Drs. Pringle and Nott testified, that in their opinions, the oil of hemlock aggravated the symptoms, and augmented the disease, but that it would be difficult to assign the precise amount of its agency in the fatal result.

Dr. A. S. Sprague, of this city, testified, that if the quantity taken had been pure oil, it might have produced death; that a prescription of it in any quantity, in bilious fever, would be bad practice; that to prescribe the same quantity of oil of turpentine would display gross ignorance.

Dr. C. Winne testified to the impropriety of the prescription; that the article is poisonous, producing inflammation, convulsions, and stupor. It would have no other effect than to aggravate the disease.

Dr. M. Bristol testified that the practice of the defendant was bad; that violent spasms, and inflammation of the stomach were to be expected as consequences, and that the chances of recovery were lessened by the administration of the remedy.

The defendant was convicted of *misdemeanor*, and sentenced by the court to confinement for three months in the county jail.

The object of the defendant, in prescribing for the patient, was, manifestly, the paltry fee which he succeeded in obtaining. Tampering with life, and for such a motive, our readers cannot but concur with us in saying should be severely punished. On the same principle how can the public overlook the dispensing of secret remedies by those wholly unacquainted with the laws of life and disease, and the therapeutic operation of remedies, for similar mercenary ends? We challenge any one to show any essential difference between the outrage of Green, in the instance just detailed, and that daily and hourly perpetrated by the vender of patent medicines, except that the latter deals destruction by wholesale. Yet, the public require that the one should be punished, and permit the other to go unscathed. Surely, the law abounds in "glorious" *inconsistencies*, as well as "uncertainties."

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ORIGINAL COMMUNICATIONS.

ART. I.—*Remarks on Follicular Enteritis, occurring as a complication of continued Fever. Continued from page 385.*

We concluded our remarks in the last No. by inquiring, if the fact of follicular enteritis being not a constant, but frequent complication, furnishes an occasion for sub-dividing continued fever into distinct varieties or species. This question has grown out of the investigation of the intestinal affection since the publication of Louis. So far as we know, Dr. Lombard was the first to advocate the affirmative to this question. Finding that the fevers of Great Britain did not uniformly present the "anatomical characteristic" of the fevers of Paris, he arrived at the conclusion that the former consist of two kinds, radically distinct from each other, the chief radical distinction, consisting in the presence, or absence of the intestinal lesions. A similar opinion has been advanced by Dr. Gerhard, who communicated some observations, made by him at the Pennsylvania hospital, in 1836, [Am. Jour. Med. Sciences, 1847] relating to a form of fever different from the fever endemial in Philadelphia and vicinity, evidently infectious, and traceable to emigrants newly arrived from Liverpool, England. In fifty autopsies of subjects dead with that form of fever, follicular enteritis was found but in one instance, and in that instance there had been some doubt as to the correctness of the diagnosis. From these and some other similar facts, taken in connection with other circumstances, a division has been instituted into two forms of fever, generally distinguished as typhus and *typhoid;* the latter supposed to present follicular enteritis as an invariable complication, the former as invariably deficient in this complication. The grand criterion in either form is the condition of the aggregated glands of Peyer.

The propriety of the division of continued fever into two species, or varieties, and applying to express the distinction the terms typhus and typhoid, we do not purpose to discuss except in so far as the follicular affection is involved, That such a division is convenient, and admissible, *based upon symptoms*, we do not doubt, but that the presence, or absence of the follicular affection holds good, as a general law, in the two divisions, facts have disproved. We will notice the latter sufficiently to establish the disproval, and, afterward endeavor to account for the facts from which the general laws have been erroneously deduced, and consider some sources of fallacy attending these facts. The topic is not one of pathological interest only: it is important, because, if the state of the intestinal canal does afford sure evidence in all cases, that, the disease is either typhus or typhoid, the diagnosis from the symptoms during life must be made to conform to this evidence, there being no one symptom which has the same signifiance and constancy. We shall have occasion presently to observe how this natural consequence of adopting the follicular affection as a post-mortem test has led to error.

It is to be remarked that a few of well authenticated cases of typhus fever, so determined by vital symptoms, in which the glands of Peyer were found diseased, are sufficient to antagonize a host of equally well authenticated cases in which these glands were found healthy. The latter are negative, the former positive facts. Negative facts cannot establish a general law in opposition to positive facts, although the former may greatly outnumber the latter, for a general law contains no provision for exceptional instances. The results of Dr. Gerhard's observations in 1836, were certainly extraordinary, but if in three or four cases only with the same *ensemble* of symptoms, the Peyerian glands were found affected, it would of course be necessary to explain the absence of intestinal lesions in the remainder of the cases otherwise than by supposing that these lesions never occur as a complication of that form of fever. Indeed, the single case in which these glands were diseased would have been sufficient to have upset the induction, had there not been previous doubt as to the diagnosis. Now there are abundant disproving positive facts, but, for the reason just given, it is not necessary to cite a large number. M. Landouzy, of Rheims, France, has described an epidemic occurring at the prison in that place, which presented all the *living* characters of true typhus, inclusive of the absence of diarrhœa, and meteorism. Nevertheless in six autopsies, which were made, the characteristic lesions of typhoid fever, as described by Louis, were discovered in each case. Other instances are referred to by Grisolle, [*Pathologie interne*] and several are collected by Dr. Clymer in his edited work on fever, in a section relating to this subject which was published in a former No. of this Journal.* British writers almost universally testify to the presence of these lesions in cases, which, in the *ensemble* of symptoms belonging to true typhus, cannot be distinguished from cases in which these lesions are absent. The following quotation from Dr. Christison on this point is explicit, and comes from awriter whose opportunities for personal knowledge have been extensive. He says:—"The *constitutio dothinenterica*, to speak in nosographical language, has repeatedly appeared and disappeared, as a subordinate, or intercurrent epidemic, in the course of the more general epidemic, typhus, without the great features of that epidemic being altered in any material respect." Without multiplying references, it seems fair to assume it as settled by facts, that cases of fever, in all the phenomena attending its march, presenting the distinguishing characters of typhus, may furnish the same intestinal lesions which are found in cases of typhoid fever. The question, then, resolves itself into this:—Shall cases of fever which are identical in their phenomena during life, be considered identical whether follicular lesions exist, or not; or shall they be divided according to the presence or absence of these lesions, without reference to identity in the living symptoms? This question certainly does not claim serious discussion. It is enough to ask, of what possible utility is a diagnostic test, which can only be determined by dissection! It is not less ridiculous, than unphilosophical, to institute a nosological division upon a single anatomical character, which can only be revealed by the scalpel! The objects of nosology, and the advantages of diagnosis, relate to the living, not to the dead!

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* Grissolle refers to a work by *M. Gaultier de Claubry*, in which the identity of typhus and typhoid fever is established, both by comparison of the symptoms, and community of anatomical characters. Grisolle considers it settled that the two are identical; nevertheless, he regards the observations of Dr. Gerhard and Dr. Shattuck as establishing a form of fever distinct from typhoid fever.

It is evident that if this be recognized as an unfailing pathological pointof distinction, all cases of typhoid fever will have it, and all cases of typhus fever will not have it, simply because it is previously agreed to call all cases in which it is present typhoid, and cases in which it is absent typhus! The *petitio principii* of this method of reasoning is sufficiently manifest. Untenable and absurd as this appears when presented as an abstract proposition, there is reason to believe, that, practically, it has not been without considerable influence. With becoming diffidence we would submit, whether the work of Louis, careful and conscientious as is that distinguished pathologist, may not be obnoxious to criticism on this score. He declares that he found the "anatomical characteristic" in all the fatal cases of typhoid fever in which he performed post-mortem examination; but his work contains some observations of what he distinguishes as "simulated cases of typhoid fever." These cases presented during life symptoms analagous to veritable cases of typhoid fever, but they were different in the intestinal lesions, and it is chiefly on the latter account that he regards them as only simulating the disease. Now in deciding that these cases were not cases of typhoid by the post-mortem diagnostic, did not Louis commit the very *petitio-principii* just mentioned? That he did allow his "anatomical characteristic" to furnish the rule for admitting and rejecting cases he distinctly admits, as in the following comments, after the details of one of his observations:—"This fact presents, as we see, the union of almost all the most characteristic symptoms of the typhoid affection. * * * What more was wanting to make us certain that the patient was affected with the typhoid disease, and that we should find, on opening the corpse, the eilliptical patches of the small intestine more or less seriously altered? Notwithstanding this, the patches, and the corresponding merenteric glands, were healthy, &c." Thus it appears, that after finding lesions of Peyer's glands uniformly present in a certain series of cases, Louis adopts these lesions as a diagnostic test, and afterward calls cases in which this test fails, "simulated cases of typhoid affection." Conceding that this course was unphilosophical, it follows that the latter were probably cases of veritable typhoid; and, hence, the incorrectness of his generalization is proven from his own facts, as it has been abundantly proven by facts observed by others since the publication of his work.

Again, Louis presents observations of "latent typhoid fever," in which the characteristic symptoms were absent, but the follicular lesions were found after death. Without dwelling upon the subject, we would simply remark, that the same criticism is applicable here, as in the former instances. And if the criticism be valid, the conclusion of Louis that these lesions are not found after death from other acute diseases, is equally disproved by his own facts, as it has been also disproved by the observations of others. Dr. Lombard, following Louis in the adoption of the intestinal lesions as a diagnostic sign sufficient in itself to determine the fact of typhoid fever, has reported cases in which patients exhibited none of the ordinary symptoms of fever up to their disease, in one instance death occurring by self-destruction, nevertheless, these lesions being found on dissection, he considers them cases of "latent typhoid." [*Etudes cliniques sur quelques points de l'histoire des Fievres Typhoides por les Docteurs Lombard et Fairconsies*]. Surely it is not presumptious to say that the supposition of the existence of fever under such circumstances is quite gratuitous.

If these criticisms were only interesting as relating to the works named, an apology would be necessary for presenting them, more especially as the publication of Louis has been before the profession some fourteen years. But the errors referred to, are, to some extent, still operative. Hence, it seems to us important to establish the position that nosological sub-divisions of continued fevers should be based mainly on differences in the phenomena manifested during life, and that the presence or absence of follicular lesions is of secondary consequence. Diagnostic traits should be founded on circumstances pertaining to symptoms, etiology, and anatomical characters collectively. A particular circumstance belonging to the latter, can no more be considered a criterion than a particular symptom, and either adopted as an exclusive diagnostic, cannot fail to lead to the disunion of cases which are essentially similar, and to the union of cases which are dissimilar. Continued fevers are doubtless susceptible of being nosologically sub-divided, but this subject we do not purpose now to consider. Our object is only to show that the presence or absence of follicular enteritis is not to be relied on as adequate to distinguish a particular species or variety, nor even continued fever without regard to its sub-divisions.

We come now to inquire how we are to reconcile in the first place the fact that Louis found follicular lesions in forty-eight conventive autopsies, and, next, the fact that Dr. Gerhard found in fifty autopsies no such lesions, with other facts which have demonstrated that in the so called typhoid fever, these lesions may be absent, and in the so called typhus fever they may be present. The most rational explanation is one which is not original with us, viz., that in the first instance the presence of these lesions constituted a peculiarity of the disease (i. e., continued fever), at the locality, and during the period it was studied by Louis; and, in the latter instance, the absence of these lesions was a peculiar feature of the disease at the time and place it was studied by Dr. Gerhard. That epidemics of different seasons, and regions, exhibit different phases, presenting sometimes certain peculiarities common to all cases at that period, which are as universally absent at another period, is by no means a new truth in pyretology. It is, at least, as old as Sydenham, who enjoined the importance of studying closely the "constitution of the year," with reference to these peculiarities. The *constitutio dothinenterica,* which Dr. Christian states has prevailed as an intercurrent affection at different times in Edinburg, characterized the Parisian fevers during the time Louis recorded his observations; and its absence was equally characteristic of the Philadelphia epidemic of 1836. We have seen that among the cases of Louis were probably veritable cases of typhoid fever in which the follicular lesions were wanting, which he rejected and distinguished as cases simulating the disease. The latter would doubtless have been much more numerous had he continued to collect cases for a longer period: and, so, another importation from Liverpool to Philadelphia of veritable typhus might have furnished results quite different from those distinguishing the epidemic investigated by Dr. Gerhard. Other circumstances may have more or less influence in determining the complication under consideration. English writers are fond of attributing its greater apparent prevalence in France to the difference in dietetic habits of the two nations, and the difference of treatment, especially as concerns purgative medicines, which are less employed in the treatment of fever in France, than in England. We have no data, however, for attributing the complication to any specific agencies. Whatever these agencies are (and they doubtless exist, for this, not less than other peculiarities, cannot be purely accidental) observations continued for a long period are necessary for their discovery or demonstration.

By the foregoing remarks we would not be thought to undervalue the investigations of Louis, and others, with respect to the follicular complication of fever. Although we contend that in so far as it is considered distinguishing exclusively different species, or varieties of fever, it is calculated to lead to serious errors, we do by no means deny, nor would we depreciate the service which has been rendered to science by conferring a better knowledge of its frequency and character; and this has resulted from late researches. It is to be hoped that continued investigations will shed more light on the nature and extent of its pathological relations. It were much to be desired that we possessed more accurate information respecting its occurrence in miasmatic and eruptive fevers, as well as in other maladies. The accumulation of facts may hereafter, not only enable us to determine more accurately its value as an element of fever, but to understand the laws by which it is governed.

The possibility, or probability of this complication, should not be lost sight of by the Practitioner in the treatment of fever. Although it is by no means certain that it exerts much, if any controling influence over the duration of the disease, or over the phenomena accompanying its march, except those which have with it a palpable connection, yet, obviously, its therapeutical relations are not unimportant. Drastic purgatives, on the one hand, and over accumulation of the intestinal contents, on the other hand, must exert an injurious effect upon the diseased follicles. The fact that when fever terminates favorably the enteritic lesions are often not fully restored, enforces the importance of great care, as respects diet, &c., for some time after convalescence established.

The practitioner should be prepared to meet occasionally with cases of perforation from progressive ulceration through the coats of the intestine, followed by fatal peritonitis, It has so happened that two cases have fallen under our observation within a few weeks, The liability to this accident renders it prudent to be guarded in our prognosis in cases of suspected enteritic complication, even when the general symptoms are favorable, for it is found to occur quite as often in mild, as in severe cases, and, as already stated, may take place during convalescence, after all fear of danger in the minds of patients and friends has passed away.

ART. II.—*Apoplexy.—Three cases; two fatal, one recovered.* By W. W. Reid, M. D., Rochester, N. Y.

Dr. Flint,—*Dear Sir*—The public prints had just announced the painful intelligence, that a distinguished clergyman of your city, had been stricken down by apoplectic paralysis, when our own community was thrown into consternation and mourning, by the sudden seizure and death of one of our most worthy citizens by the same disease.

The frequent notices of death by apoplexy, in the newspapers, would seem to indicate that this appalling and fatal malady is becoming quite common. For, as generally speaking, persons only of some distinction are thus noticed, it may be presumed that those of less note, are not published. At least three cases have occurred in our city within the last sixteen weeks. One was an old gentleman 77 years of age—formerly a practising physician. He died instantly, just after he had seated himself at the tea-table, and had commenced eating—without a groan, or struggle, and without the least warning. No examination of the body was made. The two other cases fell under my own immediate care; of these I propose to speak more particularly, not because they present anything novel, or unknown to the profession, but because of the opposite conditions attending them,

Case first.—E. S., a butcher, 25 years of age, of medium size, sanguineous temperament, with strong digestive and assimilative powers; for 4 or 5 months had had a roaring and hissing noise in the ears, with deafness—also pain in the back and left side of the head; stricture through the temples, and pressure on the eyeballs. On the 24th of July last, after working hard all the forenoon, and eating a hearty dinner, at 3 o'clock, P. M., while at work in the market, was suddenly seized with dizziness, which lasted (as he afterwards said) one or two minutes, when he felt as if a ton weight was put upon his right side; he seized a post to hold himself up, and remembered nothing more. In ten minutes afterward I saw him; found him lying on the floor, unconscious, frothing at the mouth, countenance flushed, breathing irregular and laborious, pulse, slow, full and strong; muscles of the right side paralytic, those of the left, trembling and twitching. I immediately opened a vein; drew two pints of blood, when he opened his eyes; the spasms ceased, and he attempted to speak. I directed and assisted him to thrust the index finger of the left hand into his fauces, which he did, most perseveringly, till he threw up two-thirds of his dinner, consisting of meat, potatoes, carrots, bread, &c., nearly as when first eaten. An emetic of Ipecac. was immediately given, which with the aid of his finger, soon brought away the remainder of his meal. Subsequent treatment:—Drastic cathartics, one venesection, abstemious diet and rest. In five days the paralysis had all disappeared; in two weeks he was about his business; but two weeks subsequently, the noise in his ears and pain in his head returned, to subdue which, he has since been repeatedly bled, and cupped on the nape of the neck; taken active purges, restricted to a spare vegetable diet, and for the purpose of controlling his digestive and assimilative powers, taken in solution 1-8 gr. Tart. Ant. one hour before each meal—is now (Dec. 1.) quite free from all untoward symptoms.

Case second.—D. S., aet. 53., of highly bilious temperament, dark, sallow skin, medium size, sedentary habits, and for many years a dyspeptic; of very temperate and uniform habits, not accustomed to labor, and took very little exercise by way of recreation. On the morning of the 26 Nov. took a spare breakfast, assisted in lifting and adjusting some furniture, went to the bank of which he was an officer, and performed his usual business. About 10 minutes past 12 o'clock, M. while seated at a table, transacting some business with two gentlemen, he suddenly laid off his spectacles, partly arose from his chair, and requested the gentlemen to assist him to a sofa—at the same moment seizing his left hand with his right and rubbing it, which, they (the gentlemen) observed was cramped. They immediately took hold of him to aid him, when he began to tremble, and sink towards the floor, which they prevented, and laid him on the sofa. While being placed on the sofa, he said "send for Dr. Moore" (his family physician)—"send for my wife"—immediately became unconscious, and never spoke again. Dr. M. being absent. I saw him within 10 minutes after the attack; found him unconscious, frothing at the mouth, respiration stertorious, countenance natural, opened and closed his eyes twice, muscles of the left side paralytic, those of the right trembling, and twitching, pulse about 85 per minute. The action of the heart, tumultuous and violent. Opened a vein and drew three pints of blood, which was very dark and ran very slowly. Administered a stimulating enema, applied strong sinnpisms extensively to all the extremities, and hot bricks to the feet, but no amendment of the symptoms. After consultation with Drs. Ely and Tobey, it was agreed to draw more blood, as the pulse was still very full and resisting, and about 80 to 90 pr. mt. Accordingly 2 pints more were drawn before the pulse became softer and more frequent—about 100. The respiration was more free between the paroxysms of choaking and struggling, when the respiration would become nearly suspended and the lips and face became quite livid. Then paroxysms would recur about every 25 minutes, and grew more violent, notwithstanding the intervals seemed more free. In one of these paroxysms, 3 hours from the attack, he expired.

Autopsy, 20 hours after death.—Lungs; a few tubercles in a state of softening, in the superior lobe of the right side; a few adhesions posterially. Heart; left ventricle considerably hypertrophied, valves sound, Stomach; perfectly empty, but dotted throughout in the mucus membrane with deep red spots, from one to three lines in diameter. Bladder; distended, and the mucus membrane of the fundus, including about one fourth of the whole surface, of a deep red color, like the spots in the stomach. Brain; in situ, presented a dark conjested appearance—two or three inches on each hemisphere on the superior, posterior parts of the crebrum, was of a lighter color, and seemed more diffused, as if bloody serum was effused under the pia mater. On removal from the skull, some bloody serum was found at the base, the serum of the ventricles was also bloody, though not more abundant than natural. But in the substance of the cerebellum, just above and behind the medulla oblongata, was found a dark coagulum to the amount of half a fluid ounce; there were also two or three small ones of the size of a pea, in the neighborhood of the large coagulum.

I should have remarked, that half an hour after the attack, the right side of the body became as completely paralysed as the left. The situation of the coagulum; the direct pressure that it must have produced on the medulla oblongata, fully accounts for all the symptoms, especially the general paralysis, and the consequent difficulty of respiration; the frequent and almost entire suspension of the latter before its final cessation, which was the immediate cause of the speedily fatal termination of the case.

The contrariety of these two cases may be summed up thus:—The first, young 25; the second, 53 years of age. The first, of sanguineous temperament; the second, bilious; the one, of active and laborious habits; the other, sedentary; the one, possessing strong digestive and assimilative powers; the other, feeble, and dyspeptic; the former, had long had warning, by unmistakable symptoms; the latter, had none; the first, had worked hard and eaten heartily, and of course the stomach was full at the moment of attack; the second, had done no physical labor of any consequence, had eated sparingly six hours before, and of course the stomach was empty; the first, was paralytic on the right side; the second, on the left; the one recovered; the other died.

ROCHESTER, Dec., 1847.

ART. III.—*Death from Effusion of Blood into the left Lateral Ventricle. Report of the last illness, death, and Autopsy of the* Rev. ASA T. HOPKINS, *of Buffalo, aged about forty-two years.* By DR. HAMILTON.

For general languor of the body and loss of appetite, accompanied with a slight dimness of vision in one of his eyes, I had prescribed about the first of November, relaxation from his studies, out door exercise and mild tonics.

Sunday, the 19th of Nov., I was called to his room (until this time he had been out daily) and found him salivated from the use of about six grains of blue pill, which he had taken at his own suggestion. No other change had taken place in his symptoms. I prescribed mild diet, astringent washes, and a Seidlitz powder. He had himself suspended the tonics. Wednesday, as the swelling still continued, I washed his mouth, by means of a camel's hair pencil, with a strong solution of nitrate of silver; soon after which a hemorrage commenced from the mouth, and continued several hours, and until he had bled about half a pint, when I reached him, it had ceased spontaneously. He was directed to eat animal broths and moderate quantities of meat. On Friday (25th) he had a large evacuation of blood *per-ano.* Saturday morning, I found him in bed, but his face less swollen. He felt weak, and I advised him to continue the nutritious broths, animal food &c. Having occasion to leave town, I did not see him again until I was called in haste on Monday. On Sunday (27th) Dr. Bristol, in whose charge I left him, advised him to take moderately of the tonics—Port wine and bark—of which he took, during the day, three teaspoonfuls.

Monday forenoon, he spent in writing, and while sitting at his table, sealing a letter, he staggered, and fell from his chair. Ten minutes before, he had taken a teaspoonful of castor oil. I saw him within twenty minutes after the attack. He was completely paralyzed in his right arm and leg, and speechless. His eyes had a stupid, dull look, his lips flapped at each expiration, some froth gathered about his mouth, and his pulse was slow, but full. His feet were already in hot water. I bled him about thirty-two ounces, and applied mustard to various parts of his body, and cold to his head. The blood was highly buffed. After the bleeding he said "well," and "oh dear," three or four times. These were the last words he ever spoke.

In the evening, Drs. B. Burwell and Bristol, consulting physicians with myself, directed six leeches to the temple, cold continued to the head, sinapisms &c. The next day Dr. Josiah Trowbridge was added to the counsel. From the day of the attack until his death he received into his stomach free doses of salts and senna, Jalap and cream of tartar, with one drop of croton oil; also several cathartic injections were administered, and tolerably full evacuations were at length procured, cool applications were continued to his head, and blisters and sinapisms were applied to his neck and extremities during the last days, also nourishing broths and wine were given. His consciousness seemed but little impaired during most of the time, and he indicated his wishes by motions of his left hand. His sight and hearing gradually failed. The pulse varied from 90 to 120 at different periods, but was generally soft. But the action of his heart when examined by the ear was exceedingly violent. He seemed to suffer but little pain except when under the operation of cathartics. He died Saturday morning (Dec. 2d).

Autopsy.—Made on the Monday morning following his death. Present, Drs. Josiah and John S. Trowbridge, Bryant, and George N. Burwell, Bristol, White, and Barrett.

Brain.—Median meningeal artery congested. A deposite of lymph at two or three points about the top of the brain, on both hemispheres, lying within the tunica arachnoides. A clot of blood, measuring about an inch and a half in diameter, firm, and nearly round in form, occupying the left lateral ventricle, and much more in a fluid state occupying the horns of the ventricle. In all about three ounces. It had also saturated and softened, the structure of the brain in every direction immediately around the ventricle. The vessels through the whole structure of the brain were congested. Small amount of serum in the right ventricle.

No farther evidences of disease could be discovered within the cranium, or within the thorax or abdomen.

BUFFALO, Dec. 9., 1847.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Physical Condition of the Aborigines—with an account of their Practice of Medicine. By EDWIN G. MEEK, M. D., of Choctaw Agency, West of Arkansas.

To one actually conversant with the details of Indian customs and modes of life, it is singular how vague and incorrect are the notions of even citizens of the United States concerning the aboriginal inhabitants of this country.

Much that has been said on this subject, is about as worthy of belief, as the narratives of Captain Guliver and Baron Munchausen. By many who profess to be admirers of nature and primitive simplicity, the Red Man has been cited to prove the inutility of the medical and surgical theory and practice of the whites, and to prove that beyond the employment of a few simple vegetable remedies, the Science of Medicine is rather a curse than a blessing to the human family.

At this age of the world it is scarcely necessary to meet such absurdities with even a formal denial; but perhaps the actual state of disease and the healing art among this simple people, might be a source of gratification to some of the numerous readers of your magazine.

There is one difficulty connected with this subject: many of the tribes have held more or less intercourse with the whites, and some of their medical notions have been thereby somewhat modified. The writer purposes in this article, to give such facts only as have come to his knowledge, during a residence of more than two years amongst the Choctaws, west of the Mississippi.

The country inhabited by this tribe, lies between about 34° and 35° 40' N. latitude, and between 18° and 20° longitude west of Washington, having the Arkansas river on the North, and the Red River on the South; the larger portion of the tribe being located near the later stream. The climate is as salubrious as any other in the same latitude elsewhere; the winters are mild though variable, and the summers are not usually oppressively hot. The principal diseases are Pneumonia, Pleuritis, Intermittent and Bilious Remittent fever, Enteritis and occasionally Scrofula. Gonorrhœa and Syphilis are of occasional occurrence, though not so frequent as amongst the other tribes. There is no reason to believe that venereal diseases were known to any of the tribes, before they had intercourse with the Europeans, nor that they are generally disposed to licentiousness; such diseases are known among them by the very appropriate designation of *Lu-ak* (fire).

The *Ah-lek-che* or Medicine man is generally a pretty shrewd, cunning character, and sometimes manages to obtain considerable influence with a certain class, although there is a large number who treat his pretensions with contempt; indeed it may be safely affirmed, that a majority of the nation prefer to receive the attention of a white physician, when one can be obtained. These conjurors, have of course, no correct knowledge of Anatomy, Physiology, or Pathology; they ascribe all diseases to the malignant influences of wizards, witches and evil spirits, and occasionally point out an old man or woman to whom supernatural influences of this nature is attributed: of course these unfortunate beings are the objects of hatred, and so bitter is the animosity entertained against them, that the Council has enacted a statute, making it a penal offence, punishable by severe whipping, to accuse one of witchcraft.

When the doctor is called to his patient, he commences operations by excluding all white men, and all who disbelieve in the efficacy of his incantations: he then commences a prodigious shaking of a gourd containing some dry beans, peas, pebbles or something of that nature, accompanying the process with frantic howlings, and violent gesticulations, the object of which is to frighten away the evil spirit. Should there be violent local pain, as in pleurisy, he sucks the affected part, and not unfrequently shows a piece of cane root, or something of the sort, which he professes to have extracted from the patient, and which he declares had been shot into the sufferer by a witch, thus causing the disease by which he was afflicted. In all acute affections the above is deemed the most efficacious mode of treatment; should it fail to produce the desired effect, the conjuror ingeniously excuses his want of success by averring that the witch or wizzard who primarily induced the disease, is in the company, and by informal machinations reproduces the complaint as fast as he cures it. Keen and fiery are the glances that are then cast over the company by the friends of the patient—and wo to the toothless old man, or withered crone upon whom suspicion alights; in the excitement of the occasion, the infuriated company would not hesitate for a moment to take the life of any one whom their judgment convicted of the nefarious practice of witchcraft; fortunately for such, the statute before mentioned maintains a salutary restraint on the tongue of the conjuror.

In addition to such means, they use as adjuvants a few simple vegetable remedies, vapor baths made from cedar twigs, decoction of *Eupatorium Perfoliatum*, and divers things of the like nature. I have not been able to learn whether or not venesection was a common therapeutic agent amongst them prior to their communication with the whites; it is a means of cure to which the common Indians are very partial, though the conjurors view it with jealousy, deeming it rather an innovation upon their practice.

As may be inferred, inflammatory diseases, and especially those of the lungs and pleural, are fatal amongst them; in fact these diseases are peculiarly terrible, especially when they prevail epidemically: during the last winter, Typhoid Pneumonia prevailed extensively and was attended with frightful mortality. Singular as it may seem, to residents of a higher latitude, I have no hesitation in ascribing the frequency of pulmonary affections, in good part, to the mildness of the winter: there is seldom more than four or five days in succession of very cold weather, and the consequence is that the inhabitants do not take the precaution to protect themselves sufficiently against the vicissitudes of the season. There are however, other causes to be taken into the account; not unfrequently the thermometer will indicate a variation of twenty degrees in two or three hours; in fact we have often a specimen of the four seasons in the course of twenty-four hours; to these great and sudden changes they take but little care to adapt their clothing, and the result is what might be reasonably anticipated. Another canse which may be mentioned as a prolific source of these affections, is the great exposure to which the Indians subject themselves, especially during a drunken frolic, when they will sometimes lie the entire night exposed to a rain or snow storm with no other clothing than a shirt and leggins. There is no doubt that acute inflammatory affections are more amenable to proper treatment, amongst the Indians than amongst the Whites; the former seem to bear depletion much better than the latter: the effect seem to follow more the use of the remedy, aud the impression is more decided and permanent. This may be owing to the fact that their habits of life are more natural and simple than ours: whatever may be the cause, there is no doubt of the fact. I regard it as well settled that a timely use of the lancet and Tatar Emetic will amongst them cure Sthenic Pneumonia, as that Quinine will check an Intermittent. Their fevers are generally easily managed, and are less fatal than the same diseases are amongst us: in fact it is rarely that they die with an idiopathic fever. The great difficulty a physician has to encounter, is the want of judicious nursing and proper diet: being in this, as in other things, practical fatalists, they regard an attack of disease inevitable, and treat it with indifference.

In chronic complaints, the native physicians are of course even less successful than in acute diseases. Here the resources of their Materia Medica are totally inadequate to the expulsion of the evil spirit, or the counteraction of the wizard's spell. There is no authentic account that they ever had any knowledge of an oxide, or any form of metallic remedies, and the grand arsenal of weapons which Chemistry has furnished the scientific physician, has never been opened to the use of the Red Man. In the treatment of Scrofula, Consumption, or any diseases that require skill in the selection, or judgment in the application of remedies, the Indian Doctor is totally in the dark, and unless the white man can relieve his sufferings, the poor invalid lingers on, looking hopefully to death as the termination of his sorrows.

Their Surgery like their Medicine, is very rude and unskilful. It has been asserted that they have remarkable success in the treatment of gunshot wounds, cuts stabs; and so general is the belief, that the War Department in a set of queries propounded to those supposed to be familiar with Indian affairs, assumes the fact as established, and requests to know whether it is the "result of the particular mode of treatment, or the assiduity and care of the physicians." Now, as far as my observation and experience go, there is no reason to believe that they possess any remarkable skill, or that their success is such as it has been sometimes represented to be. I have attended many who were badly wounded in their numerous drunken affrays, and have noticed many unseemly cicatrices, the results of former wounds, and such as any surgeon of reasonable pretensions would be ashamed to show as the consequences of his treatment of incised wounds. The native surgeons are totally unskilled in the use of stitches, sutures and adhesive plasters, so that a severe wound has no opportunity of healing by the first intention; neither have they the necessary art of properly applying a roller, that *sine qua non* of a surgeon's apparatus. In fact their treatment of such wounds amounts to nothing, or sometimes worse; and the success attributed to them belongs properly to nature alone. It is somewhat singular that although they use in their fights, unsatisfactory looking butcher's knives, they rarely kill each other. If two white men were to fight with such weapons, the great probability is that one or both would be killed, but the Indian uses his knife to slash and hack, not usually aiming to stab, But one instance of a fatal injury being inflicted in this way has ever come to my notice: in that instance the knife had penetrated the lung. I did not see the patient until the third day after the wound was inflicted, and suppuration and effusion had then commenced: had proper treatment been instituted sufficiently early, the chances were that the man would have recovered. They do not often sever important arteries, and so little are they acquainted with anatomy, that such wounds are peculiarly dangerous, when the assistance of a competent surgeon cannot be secured. To the fact that their wounds are not generally dangerous, is to be, in great part, imputed their skilful treatment. When a really dangerous wound is received, the result is usually fatal, unless better means of cure can be obtained than the Indian possesses: The same remark may be made in reference to gunshot wounds: their instruments for the extraction of a ball are rude and clumsy, and if the ball be difficult to come at, they fail to extract it. Their treatment of contusions, sprains, luxations and and fractures, is more skilful than any other part of their surgical performances. Luxations and fractures frequently occur at their ball plays, (which are sports of the most violent character) and are generally reduced on the spot, and so well that deformity rarely, if ever, results; but the contrivances they use are clumsy and ill-formed. I have never known of their performing amputation in any case; and do not suppose they have the necessary knowledge and skill in the management of severed arteries, to say nothing of proper knives, tourniquets, adhesive plasters, lints and bandages.

With regard to surgical diseases, their treatment is as well adapted to produce a cure, as that used for the inflammatory affections before mentioned. Ulcers are very frequently met with and are peculiarly obstinate: they result from the same causes that produce them elsewhere, filthiness, sequela of fever, insufficient or innutritious diet, improperly treated wounds, or a generally cachectic condition of the system. The natives regard them as incurable; but a proper application of bandages and lotions will often produce a favorable result. Carbuncles, biles, abscesses, and other external inflammations, are generally allowed to run their course without interruption.

There are here various noxious reptiles and insects whose bite is poisonous; the large and the ground Rattlesnake, the Moccason and the Cotton mouth snakes, the Scorpion, Centipede and Tarantula, The bite of none of these is usually fatal, or do I know that the natives possess any remedies that may be regarded as specifics in such cases. There is reason to believe that the noxious qualities of these *varmints* have been somewhat overrated, although they are in sober verity, dangerous looking things, especially the Tarantula, concerning which the same notion exists that is recorded in Tweedie's Library, that its bite is curable by lively music. I once proposed to try the effect of this agent upon an Indian, but he very emphatically declined the risk; preferring a whole skin to a poisoned wound, with nothing but "Yankee Doodle," or "Old Dan Tucker" for Medicine, *Aqua Ammonia* would generally be efficacious in such cases, but like the before mentioned individual, I have never had sufficient curiosity to induce me to try the experiment upon myself.

Concerning Obstetrics amongst them, there is not much to be said. As a general thing, child-birth is not characterized by much risk of suffering: accidents and protracted labors are very rare. The treatment of the latter is rude and barbarous to the last degree: the attendants resort to kneading the abdomen with the fists, and this failing, they get on the patient with their knees and use great violence. This branch of the profession is left entirely to women, and the cases are very rare in which a physician is resorted to. They use different postures in delivery, perhaps the sitting posture is as common as any other. It is perhaps not neces- to state the reasons why labors are so easy amongst them: every physician is familiar with the general influence of civilization upon the female constitution: I will, however, venture to suggest the indifference to pain, and the stoicism of the Indians are partly attributable to a less delicately organized nervous system than the white race possess. Female diseases are not so common amongst them, as with the whites; and owing to their diffidence in such matters, they do not often consult a physician in such cases.

The treatment of children is not such as is generally said to prevail amongst the Aborigines: the children are not bound to a board, but dressed after the custom of the whites. They do not receive proper care and attention, and the mortality amongst them is very great. Emigration and change of residence also prove very injurious to children. A great proportion of the deaths amongst those who have migrated from the East bank of the Mississippi, to their new homes in the West, has been amongst the children: next to these the aged suffered most.

Comparisons have been often instituted between the white and red races, with reference to their comparative longevity, capacity for sustaining fatigue, muscular strength, &c.: and here again the white skin has usually the advantage. The Indians very rarely attain a great age; even those who possess originally good constitutions, and live peaceful, quiet lives. It would seem to be a law of nature, that the mental, equally with bodily organization, needs a due degree of exercise, and this law the Indian habitually transgresses. Their mental faculties are employed only at irregular intervals, and then the feelings more than the intellect: there is not that steady, equable excitement which civilization affords to our race. The Indian's intellect becomes torpid, and there can be no doubt that his indolence shortens his days. The average duration of a generation with them is less than with us: from the best data I have been able to obtain, the average length of their term of life does not exceed seventeen years at the farthest. In the year 1837, a party of five hundred Choctaws volunteered to go to Florida to fight the Seminoles: they were not however mustered into service: these men were either young or in the prime of life; and in looking over their muster roll, it is ascertained that more than half of them are now dead. When we add that there is a smaller proportion of births amongst them than with us, we cannot wonder that they are fast fading away from the earth, and that before long they will be reckoned among the nations that have gone forever. A melancholy chapter might be written on the agency of civilization in producing this state of affairs, but this is not the place for such a discussion.

Their muscular strength and capacity of bodily endurance, like many other things with them, are matters of impulse; but when it comes to steady endurance for a length of time they are found wanting. It would be unreasonable to suppose, that with their habits of life, they would be equal in this particular to a laboring white man. They, will sustain for a short time the most violent efforts, in the chase or at a ball play, for which they compensate by days of indolence and inactivity. So the wild tribes of the prairies will exist days upon parched corn, and at the end of their fast will devour ten pounds of meat in a day: this may startle some of your readers, but the records of the War Office will tell you it is no exaggeration.

It has been said that an Indian never commits suicide: this is a mistake: I have known instances of it amongst the Choctaws, and once at least where no cause was known for it. If insanity occurs amongst them, I have never seen or heard of it.

I have thus in a desultory form thrown together such matters as came first concerning the physical condition of this interesting people: if your readers be thereby gratified, the writer will be amply repaid; if not, he will have the satisfaction of knowing that he is not the first who has turned blank paper to profitless uses.

September, 1847. [*Ill. and Ia. Med. and Surg. Journal.*

On the Action of Medicines.—By James Blake, M. D., Professor of Surgery in the St. Louis University.

Having been engaged for some years in an experimental investigation of the action of medicines on the animal economy, I propose to lay before the medical profession a *resume* of the results of my inquires, not so much with the object of affording any direct information on the therapeutical effects of our various medicinal agents, as to direct attention to some physiological phenomena, which seem to indicate the laws that govern the reactions between living beings and inorganic compounds.

In the present state of physiological science, it is not to be expected that all the indications it affords, can meet with their direct application in pathology, for this would be supposing it to have attained a much greater state of perfection than even its most ardent admirers can claim for it; but, notwithstanding this apparent separation between physiology, and pathology and therapeutics, I am perfectly convinced that the progress of medicine, as a science, must depend on the advancement of our physiological knowledge. In the remarks I have to make, I shall endeavor to throw some light on the most important and fundamental questions connected with the subject of the action of medicines, viz: as to whether medicines act by being taken into the circulation, or whether they produce their effects by impressions made on the nerves of the part to which they are applied, which impressions are capable of destroying or strongly modifying the functions of the nervous centres, and by this means reacting on the whole system? Another question which I have submitted to the test of an experimental examination is,—when a substance is absorbed into the blood, do the reactions it gives rise to, depend on the chemical properties of the substance used? or, in other words, are the reactions between the elements of the blood and tissues, and inorganic compounds, governed by the same laws when taking place in living animals, as they are when these same elements are mixed together out of the body. and no longer forming a part of the living organism? It is evident that the solution of these important questions must precede all further scientific investigation on the action of medicines, and yet, on both these points, the opinions of physiologists and pathologists are still undecided; for, whilst some admit to its fullest extent the doctrines of nervous sympathy, and the sudden annihilation of all the powers of the nervous system by the impressions made on the peripheral portions of the system,—others, on the other hand, consider that it is only when a substance has been absorbed, that it is capable of producing any marked effects in modifying or destroying the functions of this system. There is, also, the same want of unity in the opinions of physiologists as to the laws which govern the reactions between inorganic compounds when once taken into the blood, and the elements of the living being with which they are thus brought into contact, some viewing the changes that take place under these circumstances as the result of the ordinary chemical properties of the substances used, whilst others, on the contrary, adopt the opinion that the moment a substance is brought into contact with the elements of a living body, its common chemical properties cease to be called into play, or are overpowered by some property, the existence of which they have imagined under the name of vitality. I trust the importance of these questions will be a sufficient excuse for my entering somewhat into detail on the experiments which I have undertaken to elucidate them. Although these experiments have been published, from time to time, in some of the European medical journals, yet I shall not hesitate to again bring them forward, as the journals in which they have appeared are not accessible to many of your readers, and also, that the detached form in which they have been published must necessarily tend to weaken the evidence they afford in elucidating the object of these researches.

The first and most fundamental question which presents itself in entering on the investigation of the action of medicines, is that which relates to their absorption. As I have before stated, physiologists are not yet agreed on this point, some being of opinion that many substances can act powerfully on the system without being taken into the blood,—whilst others affirm that it is only after these substances have entered into the blood vessels and have been carried to the organs whose functions they modify, that they can produce any effects. Amongst the supporters of the former opinion are Valentin, Bostock, Carpenter, Christison, and many others; whilst Magendie, Muller, Dunglinson, and others, think that before a substance can produce any general effects on the economy, it must previously have been taken up by the blood vessels, or absorbents, and have become applied directly to the organ affected. The principal arguments brought forward in support of the former opinion, are the rapidity with which certain poisons are known to produce their effects when applied to the eye, or other mucous surfaces, it being argued that a sufficient time does not elapse between the application of the poison and the first symptoms of its action, for it to have been taken into the blood and carried to the central parts of the nervous system. It has also been stated, that when the blood of a poisoned animal is made to circulate through the brain of another animal, no effects are produced on the second animal, although such should be the case, had the blood been the medium through which the poison acted. It is evident, that the first of these arguments, if founded on fact, must be fatal to the theory that poisons are necessarily absorbed before they produce their effects, for if it can be shown that a substance can act on any organ in a shorter time, than would be required for it to be carried to that organ through the medium of the circulation, it is evident that it must act by some other means than by its contact with the organ.* A superficial consideration of the question would at once lead to the rejection of the theory of the absorption of poisons, for it has been stated, and is, I think, generally believed, that some of our most rapidly fatal poisons, such as hydrocyanic acid, conia, and woorara, produce their effects so rapidly that no appreciable interval elapses between their application to the eye or the mucous membranes, and the appearance of the first symptoms of their action on the nervous system. A carefully conducted series of experiments, however, has convinced me that an interval, which is always appreciable, elapses between the application of a poison to a mucous surface, and the appearance of the first symptoms of action, and that this interval varies in different animals. As this is a point, which it is of much importance to establish, I shall relate some of the experiments that have been performed with the view of elucidating it.

The substance with which the greatest number of experiments have been tried, and which is supposed to produce instantaneous effects, when applied even in small quantities to a mucous surface, is the concentrated hydrocyanic acid. It is stated, that a drop or two applied to the conjuctiva of a dog, will instantaneously destroy life. To test this assertion, I prepared half a drachm of the anhydrous acid by passing dried sulphuretted hydrogen over bicyanide of mercury.* The whole ot this acid was poured on the tongue of a large dog, the head being kept elevated and the mouth held open: no symptoms of the action of the poison appeared until eleven seconds had elapsed; the respiration then became affected, and the animal was dead in thirty seconds from the time in which the poison was poured on the tongue.

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* The hypothesis by which Muller has attempted to set aside this inference seems to me inadmissable. Wishing to reconcile the rapidity of the action of poisons, with his ideas of the velocity of the circulation, he considers, that although some poisons produce their effects in a shorter time than they could arrrive at the nervous centres through the medium of the blood, yet in these instances the poison reaches the brain by directly permeating the tissues that are interposed between the brain and the part on which the poison is applied.

If a tube is introduced into the trachea, a longer interval elapses between the application of the poison to the mouth, and the appearance of the first symptoms of its aation; this is owing, undoubtedly, to the poison in this case having a longer distance to go before reaching the brain, for owing to the great volatility of the strong hydrocyanic acid, it is instantly converted into a vapor on coming into contact with so warm a surface as the mouth; it thus becomes inhaled into the lungs, and is there absorbed by the mucous surfaces, and reaches the brain through the pulmonary veins, the left cavities of the heart, the aorta and carotids; whereas, when it is prevented from entering directly into the lungs, it has, in addition to the above course, to pass down the jugular vein, into the right side of the heart, and through the pulmonary artery. A tube was introduced into the trachea of a dog, through which respiration was carried on: a drachm of concentrated hydrocyanic acid was poured on the tongue of the animal, and no symptoms of its action appeared until sixteen seconds elapsed; respiration then became affected, the animal was strongly convulsed, and died about forty-five seconds after the application of the poison. These experiments have been frequently repeated and always with the same results; they show, that at least, as regards hydrocyanic acid, and appreciable interval elapses between the administration of the poison and the appearance of the first symptoms of its action, and although this interval might appear scarcely worth recording, and has, from its shortness, probably escaped the observation of former experimenters in the confusion and hurry of the experiment, yet it will be seen from the subsequent part of this paper, that it forms a most important element in determining the question which we are now discussing.†

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* In order to insure a marked effect, the whole of the acid was used, although a simple drop would have been enough to have killed the animal.

† I would here caution any of your readers, who may wish to repeat these experiments, against an accident which is very likely to happen, whilst experimenting with such large quantities of so volatile a poison as hydrocyanic acid. As I before observed, the acid is converted into vapor the instant it comes into contact with the surface of the mouth, and it is present in large quantities in the air, expired by the animal, so as to render this highly poisonous, if inhaled into the lungs of a person who might be leaning over it, or holding open the mouth. I was almost poisoned from this cause, whilst conducting some of these experiments, the effects of the poison being felt for many days.

The next experiments I shall relate, are those which have been performed with conia, the active principle of the hemlock. Dr. Christison has published a series of experiments, apparently conducted with great care, which he performed with this substance, and as the results he has arrived at, differ from those which I have to bring forward, I have endeavored to avoid as much as possible every source of error, and by frequently repeating the experiments, to satisfy myself that the discrepancy in our results could not be owing to any want of care on my part.

I obtained a considerable quantity of conia from an alcoholic extract of the seeds of conium maculatum, which, in its physical and chemical properties, exactly resembled that described by Dr. Christison. As this substance is not so readily absorbed as the hydrocyanic acid, the best method of observing its effects is to introduce it directly into a vein. Ten drops of the poison, (one drop would have been amply sufficient to have produced death,) rendered soluble by a small portion of hydrochloric acid, were injected into the femoral vein of a dog; not the slightest symptom of the action of the poison manifested itself until fifteen seconds after its introduction into the veins. The animal then became convulsed, and died in thirty seconds after the administration of the poison; thus affording a marked proof of its virulence, for by no other substance that I have experimented with, has death been produced in so short a time.* This experiment has been repeated four times, and in no instance have any symptoms appeared in less than fifteen seconds.

The woorara is a poison which has been stated to produce instantaneous death. Having obtained a quantity of this substance from Sir B. Brodie, I proceeded to test its powers: five grains of the poison, dissolved in water, were injected into the jugular vein of a dog; no symptoms of the action of the poison showed themselves until twenty seconds after it had been injected. Violent tetanic convulsions then came on, and the animal died about forty-five seconds after the injection.

The striking effects produced by nux vomica, or its active principle, strychnia, on the nervous system, are such as to enable us accurately to seize the first symptoms of its action, and for this reason I have used it very extensively in these experiments. A solution containing five grains of strychnia, was introduced into the jugular vein of a dog; spasms of the muscles were observed twelve seconds after the introduction of the poison, and the animal died in about a minute and half. The facts contained in the above experiments, together with many others that I could bring forward, go to prove, that even with the most rapidly fatal poisons, an interval always elapses between the application of a poison to any part of the body, and the appearance of the first symptoms of its action; and therefore, that the evidence which the consideration of this part of the subject furnishes, does not lend any support to the opinion that poisons act by a direct impression produced in the nerves of the part to which they are applied.

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* The reader will perceive by preceding and following experiments that this statement is erroneous.—Ed. Buff. Jour.

I shall now proceed to relate some experiments which have been performed on another point, closely bearing on this subject. As it is well known that the rapidity of the circulation differs considerably in different classes of animals, it is evident, that if a poison acts by being carried to the nervous centres, through the medium of the circulating fluid, it must reach the brain most rapidly in those animals in which the circulation is quickest, and therefore we should expect to find an appreciable difference between the time required for the poison to act in a larger or smaller animal—or according as the circulation was completed in a longer or shorter period. In order to ascertain, if this were the case, I have made experiments on the horse, the dog, the rabbit, the fowl, and the goose. In these comparative experiments, I have generally made use of strychnia or woorara, on account of the first symptoms of their action being so readily perceived, that they seem to be the most rapid of all poisons, in producing their effects.

A solution containing six grains of strychnia, dissolved in about three ounces of water, slightly acidulated, was introduced into the jugular vein of a strong, healthy horse. The animal was not confined, so that the first symptoms of the action of the poison could be well observed; sixteen seconds after the injection of the poison, the first symptoms of its action showed themselves by slight twitchings of the muscles of the thorax; seventeen seconds after the injection of the poison, the animal fell, as if it had been a mass of marble, every muscle in the body being in a state of the greatest rigidity; this lasted for about a minute and a half. Tetanic spasms then came on, and lasted till the animal died, about four minutes after the injection of the poison.

When strong doses of the concentrated hydrocyanic acid are poured on the tongue of a horse, the poison does not show any symptoms of its action until after an interval of from twelve to seventeen seconds.

The time required for these poisons to act, when introduced into the veins, or applied to the mouth of the dog, has already been stated to be from eleven to twelve seconds, an interval four or five seconds shorter than the time required for them to produce any effect upon the horse.

On the fowl, the interval is still much shorter. A grain and a half of nitrate of strychina, dissolved in a small quantity of water, was introduced into the jugular vein of a fowl; in six and a half seconds after the introduction of the poison into the vein, the animal became convulsed, and so rapid was the action of the poison, that in eight seconds the animal lay, to all appearance, dead with the exception of slight movements of the tail.

In the rabbit, again, the interval that elapses between the introduction of a poison into the veins and the appearance of the first signs of action, is still shorter than in the fowl; so rapid, in fact is the action of poisons on this class of animals, that it is not surprising that the interval that occurs between the application of the poison and the first symptoms of its action, has been altogether overlooked; and as experiments with poisons are most generally performed on these animals, this has tended to favor the idea of their instantaneous action.

A solution, containing half a grain of nitrate of strychnia, was injected into the jugular vein of a full grown rabbit; in four seconds and a half, the first symptoms of the action of the poison showed themselves, and in seven seconds after its introduction into the vein, the animal was dead. I have seen the concentrated hydrocyanic acid act in less than four seconds, when it has been poured on the tongue of a rabbit—and it is not surprising, that unless the greatest care is taken in observing the time, so short an interval should have been overlooked. These experiments on different animals have been frequently repeated, and always with the same results. It would thus appear, that in different animals, the interval varies, that elapses between the time when a poison is applied to the tissues, or mixed with the blood, and the appearance of the first symptoms of its action. In the horse, for instance, this period is about sixteen seconds; in the rabbit, four and a half seconds. Did poisons act by an impression made on the nerves of the part to which they are applied, we should expect to find, that they should act with equal rapidity on all animals, as a nervous impression cannot be conceived as lingering on its way to the brain any more in the horse than in the rabbit.

On the supposition that the class of poisons, whose action we are now considering, only act when they arrive at the nervous centres, it is evident that the nearer to these centres is the part where the poison is applied, the more rapid mnst be its action. If, for instance, a poison is injected into the carotid artery, it has evidently a much shorter distance to go before reaching the brain, than when it is injected into the jugular vein.

The following experiment was performed in order to ascertain if this was the case: A tube was inserted into the carotid artery of a horse, the point of the tube looking towards the brain; a solution, containing four grains of strychnia, was injected into the artery. In eight seconds the action of the poison was distinctly visible, by the muscles of respiration being affected; the animal then fell, and expired in about three minutes.

On injecting a solution, containing five grains of woorara, into the axillary artery of a dog, the tube being so inserted that the injection should pass into the aorta, and thus become mixed with the blood, as it was escaping from the heart, to be diffused over the whole system, the first symptoms of the action of the poison showed themselves in seven seconds after its injection, and the animal was dead in thirty seconds.

These experiments have been repeated, and have constantly furnished the same results. It would thus appear, from experiments already related, that, *first*, an *appreciable interval* always elapses between the administration of a poison and the appearance of any symptoms of its action. *Secondly*, that this interval varies in different animals, being shorter and longer, according to the size of the animal and the rapidity of the circulation; and, *thirdly*, that the nearer the point, at which the poison is introduced into the system, is to the brain, the more rapidly are its effects manifested. But a question here presents itself, on the solution of which must depend our admitting or rejecting the doctrine of the absorption of the poison, and its direct application to the organ whose functions are affected. It has been shown, that the interval that elapses between the introduction of a poison into the jugular vein and the appearance of the first symptoms of its action, does not exceed, in the horse, sixteen seconds; in the dog, twelve seconds; in the fowl, six seconds, and in the rabbit, four and a half seconds. Now, it might be asked, do these intervals allow sufficient time for the blood to circulate from the point, where the poison is introduced, to the brain? This is a most important question, and one which it was necessary to determine by experiment; for according to the views which have, until the present day, been entertained, as to the velocity of the circulation, it must appear impossible that a poison can be carried from the jugular vein to the brain, in the horse, in so short a time as sixteen seconds, or in the rabbit in the small interval of four seconds and a half.

The experiments of Herring, on the time required for the blood to circulate in the horse, had shown, that in this animal, the whole round of the circulation might be completed in twenty seconds; but these experiments have not—that I am aware of—been repeated by others, and they certainly have not had that influence on the views of physiologists, on this point, which from their accuracy and importance they deserve.

Herring has shown, that on injecting a solution of prussiate of potassa into the jugular vein of a horse, the salt can be detected in the blood issuing from the vein on the other side of the neck, twenty seconds after its injection into the opposite jugular, so that in this interval the salt must have made the whole round of the circulation. In order to ascertain the velocity of the circulation in the horse, I have performed an experiment analogous to that described by Herring. A tube was introduced into the jugular vein of a strong, healthy horse, another in the carotid artery of the opposite side. In order to avoid any of the injection becoming directly mixed with the blood, the animal was thrown on the side on which the tube was introduced into the jugular, so that the side from which the blood escaped, was the highest, the poison being injected into the vein. A solution, containing one ounce of nitrate of baryta, dissolved in five ounces of warm water, was injected into the jugular vein. Ten seconds after the commencement of the injection, blood was allowed to escape from the carotid, and received into a vessel, No. 1, during five seconds; another vessel was then substituted, No. 2, and received the blood escaping from the carotid, from fifteen to twenty seconds after the introduction of the substance into the jugular vein: what escaped from the artery after this was received into a third vessel, No. 3: the heart had already stopped when the last vessel was applied. These different specimens were carefully analysed; no trace of baryta could be obtained from the blood from No. 1, or that which escaped from the artery between ten and fifteen seconds after the injection of the poison. In the blood from No. 2, baryta was readily detected; and although an accident during the analysis led to the loss of a portion of it, still it yielded a much greater quantity, in proportion to the quantity of blood, than did the contents of No. 3, or the blood obtained from the carotid subsequent to the twenty seconds after the injection of the salt into the veins, thus proving that the blood which was most strongly impregnated with the poison, escaped from the carotid, between fifteen and twenty seconds after the introduction of the salt into the veins. From the large proportion of the salt in the blood that escaped during this interval, we must conclude that the moment at which blood containing the salt first began to flow from the artery, must have been about sixteen seconds after its introduction into the veins. On account of the tube in the carotid being rather small, I think it probable that a second or two might have been lost from this cause, the blood not being able to escape with sufficient freedom.

Another method of measuring the velocity of the circulation, is afforded us by the property which I have discovered some salts to possess, of suddenly arresting the action of the heart, when mixed with the blood circulating over its parieties. The nitrate of potassa is one of these salts, and I therefore availed myself of it to ascertain the time required for the blood to pass from the jugular vein to the capillary terminations of the coronary arteries. A solution containing half an ounce of this salt, was injected into the jugular vein of a horse; in sixteen seconds after the introduction of the salt into the veins, the action of the heart was suddenly suspended, as was shown by the hemadynamometer, an instrument, which, when connected with the arterial system, indicates the slightest change taking place in the circulation.

These two experiments lead to the same results as those of Herring, viz: that in the horse the time required for the blood to complete the whole round of the circulation is about twenty seconds. Analagous experiments have been performed on the dog. In this animal, when a solution of chloride of barium is injected into the jugular vein, it is found to make its appearance in the blood issuing from the carotid artery in about six seconds after its introduction into the vein. A solution of nitrate of posassa, injected into the jugular vein of a dog, arrests the action of the heart in from ten to twelve seconds, so that this interval may be regarded as the time required for the blood to pass, in the dog, from the jugular vein to the capillary terminations ot the coronary arteries.

In the fowl, the interval that elapses between the injection of a solution of nitre into the vein, and the arrest of the heart's action, is about six seconds, so that this may be considered as the time required for the blood to pass from the jugular vein to the capillary terminations of the coronary arteries in this class of animals.

On performing analagous experiment on the rabbit, it is found the heart's action is arrested in four seconds and a half after the solution of the salts has been introduced into the jugular vein.

The results of these experiments furnish us clearly with the data that were required to ascertain, if the circulation of the blood takes place with sufficient rapidity to allow of a poison being carried to the brain in the short interval that has been observed to elapse between its application to a mucous surface, or its introduction into the vein, and the appearance of the first symptoms of its action.

On comparing the time, that is required for the blood to complete the round of the circulation, as ascertained in these experiments on different animals, with the time required for a poison to act on these same animals, a most striking agreement will be found between the numbers furnished by the two series of experiments—an agreement so close that it is almost impossible not to admit an intimate connection between the action of poisons and the circulation of the blood. In the horse, for instance, we find that in sixteen seconds the blood will pass from the jugular vein to the capillary terminations of the coronary arteries, and we also find that the same interval elapses between the introduction of a poison into the vein and the appearance of the first symptoms of its action. The same agreement is observed between the rapidity of the circulation in the dog, and the time required for even the strongest poison to produce any sign of its having affected the system.

Even in the fowl, and in the rabbit, in which the actions of poisons is so much more rapid, we find that the circulation of the blood is carried on with proportionable rapidity.

These experiments furnish, I consider, conclusive evidence that no objection can be raised to the theory of the absorption of poisons, on the ground that the circulation is not sufficiently rapid for the blood to carry them to the organs affected, in the time that has been observed to elapse between their application, and the appearance of the first symptoms of their action; in fact, they afford, when considered in their mutual relation to each other, a strong body of negative evidence in favor of the absorption of poisons.

The conclusive evidence that I have adduced as to the interval that elapses between the application of the most rapidly fatal poisons and the appearance of any symptoms of their action, and also the proofs that have been brought forward, (and I could adduce many others if necessary,) of the rapidity of the circulation, will, I hope, be sufficient to modify the opinions of physiologists on these important phenomena. In a future article I shall show that a poision does not produce any effects on the system, although applied extensively to the peripheral extremities of the nerves, unless it is taken into the blood, and thus carried to the nervous centres. I shall offer, also, some critical remarks on the experiments of Addison and Morgan, in which they caused the blood of a poisoned dog to circulate through the carotid of another animal, without producing any morbid symptoms, and I shall then enter on the question of the chemical action of inorganic compounds when taken into the blood.—*St. Louis Med. and Surg. Journal.*

Lecture on the Diseases of the Genital Organs of the Female. Delivered at Lourcine Hospital, by M. Hugier.

Catarrh of the Uterus.—The disease of which we propose to speak this morning has been the object of our special attention. After long researches, we think we have arrived at results calculated to clear up certain hitherto obscure points relative to the history of catarrh of the uterus. If we consult the authors who have written upon the subject which occupies us, we find them vague, and not unfrequently guilty of errors which are not in all instances without importance. For example, catarrh of the uterus is generally regarded as the consequence of an acute or chronic inflammation—an affection of the internal membrane of this organ—and to this affection various species of discharges are often attributed, when in reality they have an entirely different origin. In our opinion, the word catarrh is not applicable to a disease of the lining membrane of the body of the uterus, but is clearly and distinctly an affection seated in certain points of the neck, or, in other words, in the follicles of this organ. We consider the discharge proper to catarrh of the uterus a peculiar liquid, very distinct from other kinds of discharges. This liquid is thready, thick, viscid, consistent, of an albuminous or vitreous aspect, and endowed with alkaline properties.

Before entering directly into our subject, allow us to offer you some considerations upon the various discharges which proceed from the genital organs of the female. These preliminaries will be of service to you; they will aid you in understanding the history of uterine catarrh, and will especially render more easy of appreciation the characters which are proper to discharges symptomatic of this affection; for there are many discharges which have been frequently regarded as belonging to catarrh which are entirely foreign to it, and which are vaguely designated under the names of fluor albus, leucorrhea, blennorrhagia, etc. This want of exactness, this confusion in language, is not without inconvenience; it denotes a defect of observation injurious in its therapeutical consequences. In order properly to appreciate the value of discharges in general, we will examine them one by one as regards their seat, and to do so we will divide them as follows:—

1. *Vulvar discharges.*—These proceed from the mucous membrane of the major and minor labia, clitoris, and constrictor vaginæ. The liquid which constitutes them may be more or less abundant, thick or aqueous, white or greenish white, mucous or purulent; it is ordinarily acid. This kind of discharge arises either from a local inflammatory or atonic state, simple or blennorrhagic.

2. To these discharges we will add those which are the product of the secretion of the vulvo-vaginal glands, and which may be more or less abundant, simply mucous or purulent; but in these various cases the liquids never offer the properties which characterize the discharges of uterine catarrh.

3. *Urethral discharges.*—A simple or specific urethritis may furnish, by the orifice of the urethra, a more or less copious, thick, mucous, purulent, or muco-purulent discharge, but never similar to the liquid secreted by the follicular apparatus of the cervix uteri.

Vaginal discharges.—The same remark is applicable to the fluids secreted by the mucous membrane of the vagina. In fact, the vaginal discharges—the nature of which varies in other respects, and which recognize as their cause an inflammatory or virulent affection, or even an atonic state of the vagina, as that which obtains in veritable leucorrhea—these discharges, we say, never present that transparent albuminous aspect, that viscid, thready, elastic character, and, finally, that alkaline property, which we constantly find in catarrh of the uterus. It may indeed happen that these vaginal discharges may offer characters similar to those possessed by the liquids of catarrh; but in this case it arises from a mixture of two liquids, the one coming from the mucous membrane of the vagina, the other from the seat of the affection which occupies os, that is to say, from the follicles of the cervix; so that if it were possible to separate the different products, we should find the characters proper to each; consequently it follows that this is but a coincidence or complication of two affections, which are not, however, the less distinct the one from the other.

5. *Uterine discharges.*—We are now arrived at the essential point of the question. It does not suffice to have studied the discharges which do not arise from the uterus in order to believe that we now only have to do with those that are proper to uterine catarrh; for this is knowledge which does not furnish all the elements necessary

to our diagnosis. We must push our investigations still farther, and in doing this we will establish an important distinction between that which concerns the uterus, and the products of secretion.

We must consider the uterus as divided into two parts, the neck and body. This distinction, besides being true as regards its configuration taken as a whole, is not the less true as regards its anatomical structure; with this difference, as we will see further on, the existence of distinct physiological and pathological phenomena of great importance. In fact, the body and neck of the uterus are distinct in their functions and diseases, the liquids secreted by the neck differing from those which are produced by the internal membrane of the body. It is not this which offers the anatomical seat of the discharge which constitutes uterine catarrh, while it is the neck which is the secreting organ of this fluid.

Let us now carefully study the anatomical and physiological differences which distinguish the two constituent parts of the organ of gestation, in order more satisfactorily to appreciate the pathological phenomena.

The surface of the neck offers numerous folds, which are intended to facilitate its dilatation during labor; the internal surface of the body is, on the contrary, smooth, polished, and in nowise wrinkled. When this organ, as obtains in pregnancy, augments in volume, its expansion is neither instantaneous nor on the other hand passive: it is effected in consequence of a movement of general nutrition, gradually and insensibly.

If we examine the interior of the cavity of the neck, we ordinarily find a variably quantity of mucous matter, transparent, viscid, and thready between the fingers. The cavity of the body offers nothing similar; the liquid which it may contain is more or less thick and serous, never resembling that of the neck. It is in the cavity of this organ, and upon certain points of the surface of the vagina, that we often perceive a number of mucous follicles, called *glandulæ nabothi*, shut follicles, charged with secreting the thick, thready, gelatinous mucus of which we have just spoken. But these little glandular bodies never show themselves in the cavity of the body; and even if placed there, what end could they serve? Would not their presence be useless, or even hurtful? Would not the follicular liquid secreted by them in the cavity of the body often offer an obstacle to fecundation? and would it not favor the escape of the ovum, and render its exit easy? Placed on the contrary, in the cavity of the neck, secreted, perhaps, more abundantly after the act of conception, the follicular mucus obstructing and obliterating the cavity of the neck, facilitates the engrafting of the ovum, which is thus prevented from passing out. The obliteration in the mode of which we are speaking may take place to such an extent as to prove, in certain cases, a true cause of sterility, by opposing itself to the penetration of the spermatic fluid during the act of copulation.

The follicular liquid shows itself useful again during labor. In moistening the cavity of the neck, it favors its dilatation, facilitates the passage of the head of the child, and consequently renders the woman less liable to those more or less serious lacerations to which she is sometimes exposed. But whatever may be the physiological value of the liquid and of the follicular organ, it is certain that the secretory apparatus of which we have spoken exists only in the neck; in our numerous researches we have never been able to detect its presence in the cavity of the uterus. Without doubt, products of secretion do exist in this cavity, but these products, whatever they may be, always differ from the liquids furnished by the follicles of the neck. One does not see, we repeat it, upon the internal membrane of the body of the uterus anything similar to the mucous follicles presented by the neck. The small glandlike bodies that are found there are nothing more than ramifying submucous canals, and the glands pointed out by Weber are themselves but the products of the membrana decidua, and consequently do not properly belong to the uterus. In fact, what is the internal membrane of this organ? What is the general opinion of anatomists concerning it? Now, it is evident that if the greater part of them contest the existence of a mucous membrane lining the cavity of the uterus, they do not hesitate to admit it for the cavity of the neck; such is the opinion of Heister, Mery, Azaguidi, Morgagni, Ribes, Chaussier, Duges, and Madame Boivin, whose works and manner of viewing the question are of great value. These authors assimilate the uterine membrane to the serous membrane of the heart, and do not recognise a mucous membrane except upon the point of insertion of the placenta. P. Dubois and Cruveilhier, it is true, believe in the existence of a tre-mucous uterine membrane; but we must observe that these authors base their opinion only upon analogies, and in no instance upon anatomical demonstration. For ourselves, we will say, relative to the question, that the cavity of the body of the uterus is lined by a mucous membrane, but that this membrane does not exist except in a rudimentary state, while the internal membrane of the neck offers all the elements which characterize a complete mucous membrane.

The same anatomists that we have mentioned, Nabothi himself, and, very recently, Martin-Saint-Ange and Grimaud, describing the follicles in question, recognise their existence only in the neck, never having seen them elsewhere. Certain special observations come still to the support of this view. It is thus that Morgagni, Duges, and Madame Boivin and many other anatomists, having had occasion to examine the uterus in women who died during the period of menstruation, have signalized as very sensible, and more or less voluminous, the follicular bodies of which we speak; but they have remarked their existence only in the neck, never in the body.

These, now, are circumstances which would have revealed similar follicles in the cavity of the body if they had really existed there.

Moreover, the liquid secreted by the internal membrane of the uterus, which constitutes what is sometimes called the false waters, resembles in appearance peritoneal serum, but is never thick, thready, albuminous—in a word, similar to the mucus secreted by the follicles. The same remark is applicable to the nature of the purely aqueous liquids that we see discharged in an intermittent manner in certain cases of insertion of the placenta into the neck. If we examine, moreover, that which occurs in obliteration of the cavity of the uterine neck, the observation again confirms our opinion. In effect, when it is the inferior orifice which is obliterated, we find in the uterine cavity an aqueous liquid mixed with another fluid which is mucous, thready, transparent. On the contrary, in cases of obliteration of the superior orifice, no similar mixture is found; the liquid which exists then in the cavity of the body preserves its ordinary characters; it is aqueous, serous, never viscid, thready or albuminous, and in no respect resembles the fluid contained in the neck. We will add, that whatever may be the lesions of the uterus, the cavity of this organ has never shown us liquids analogous to those which result from the secretion of the follicles, and of the characters of which you may gain an extremely good idea from those patients laboring under catarrh of the uterus, which we shall show you after our lecture.

To terminate our rapid glance at the various secretions furnished by the genital organs of the female, which you must not confound with the discharge proper to the disease which occupies us, we should mention the secretion from the internal membrane of the uterus—discharges symptomatic of various affections of this organ; we should indicate, finally, the liquids secreted by the appendages of the uterus, the Fallopian tubes, attendant upon the numerous affections of which these organs are susceptible, hypersecretion, dropsies, cysts, etc. But in these various cases the discharges differ essentially from the products of the secretion of the follicles of the neck, and cannot be confounded with them.

To recapitulate: the genital organs of the female give place to discharges which, viewed as regards their seat, may be divided as follows: 1st, vulvar discharges; 2d, discharges coming from the vulvo-vaginal secretory apparatus; 3d, urethral; 4th, vaginal; 5th, uterine, which may themselves be subdivided into those which proceed from the neck, and those which are furnished by the body; and, 6th, discharges originating in the appendages to the uterus. Now, of all these various discharges, those only belong to the affection designated *catarrh of the uterus* which offer the characters that we have indicated, and which are seated solely in the follicular apparatus of the neck. It is then the neck—its follicles—that we should regard as the true seat of the disease which now engages us.

The different considerations which we have presented will assist you in understanding certain points relative to the history of the disease, so that we may now say something of its etiology. Catarrh of the uterus is observed principally in young women who abuse sexual pleasures, in those of a lymphatic temperament, with soft brown hair, or in those who have no other mark of the *bruna* than the color of their hair. Cold and moist climates also predispose to this affection. Masturbation, excessive coition and pregnancy are not without influence in the production of uterine catarrh; but it sometimes happens, when it depends upon pregnancy, that it disappears after delivery, and is consequently but a transient affection. There are besides many diseases that should be regarded as predisposing causes, and especially slow, chronic inflammation of the uterus, which determines in this organ irritative fluxionary movements, and consequently a hypersecretion of the follicular apparatus.

Certain vices of the humors—a scrofulous affection for example—being capable of deteriorating the female economy—of developing in it a sort of mucous constitution—may create and sustain a catarrh to which the name of scrofulous catarrh might be given. We will make the same remark of blennorrhagic and syphilitic diseases, the morbid product of which may have attainted the follicles of the neck, and there given rise to a virulent catarrhal hypersecretion. It sometimes occurs, in cases of this nature, that the specific cause being removed, the catarrhal affection dependent upon it also disappears, though this, on the other hand, may continue after the removal of the cause. The etiological causes which we have just enumerated being established, we will return again to the product of the secretion of the follicular apparatus—a product whose importance we should bear in mind, as being the essential element of the disease.

The follicles which furnish the liquid proper to catarrh of the uterus are seated, as we have already remarked, at the neck. In the cavity of this part of the organ they are less numerous towards its orifice than upon its middle portion; they are also found disseminated on the extra-uterine surface of the cervix, and these consequently being, like the first, susceptible of disease, may in this case give rise to a form of catarrh which might very properly be designated by the term of extra-uterine catarrh. Of these follicles, some are superficial, that is to say, placed under the mucous membrane, while others are deep, situated in the substance even of the walls of the neck, at a line and even two lines in depth in the proper tissue of the uterus. The glandular corpuscles of which we have spoken, irritated and inflamed, have often been described under the vague name of granular metritis, without the writers knowing to what anatomical lesion it was to be attributed.

Let us now establish an important distinction between the normal or physiological, and the pathological products of these follicles. We will first remark, that there exists in them normally a certain quantity of mucus, secreted by the follicles in the cavity of the neck; but in the physiological condition of the organ, the mucus is always transparent, resembling very much a vitreous body. When this liquid is secreted a little more abundantly than ordinary, it may escape by the vagina, and cause certain women to think they are laboring under the fluor albus. In cases of this sort there exists but a simple hypersecretion of the follicles, that is, a state bordering upon catarrh properly so called. It manifests itself without redness, inflammation or tumefaction of the neck of the uterus; it is met with principally in women who have had several children, or in those whose uterus has become the seat of an active hyperæmia. To establish, then, the existence of a catarrh, it is not only necescessary that there be an augmentation in the liquid secreted, but also that it present either an opaque, a dull white, or a purulent aspect. This is its differential character.

Let us now examine this morbid product as regards its contagious properties:

1. *Physical Characters.*—The liquid may be observed at the vulva, in the vagina, and at the neck. When examined at the vulva, we see at its orifice a flake of thick, elastic, thready matter, which is detached with difficulty, unctuous to the touch, and therefore slightly sensible to the finger. In some cases the neck seems swollen, dilated like a bubble. To the touch the neck appears then supple and pulpy, as if it were softened; and if you attempt by the aid of the forceps to evacuate the liquid, it becomes detached and flows in greater abundance than you would have believed, and, the walls of the neck collapsing, it appears to be emptied. When you apply the speculum—and this is useful—you must use that with two valves, by means of which, after having placed it properly and seized the neck between the two gutters formed by the valves of the instrument, you may make repeated pressure, and cause to flow abundantly, and almost in a jet, the liquid contained in the cavity of the organ and in the sacs of the mucous follicles. The quantity of the mucus contained in the neck may be considerable, and may give rise to what M. Jobert calls dropsy of the neck, which in our opinion is but a form of catarrh. In effect, the liquid is simply accumulated in the cavity of the neck, and not contained in a closed and distinct sac.

In certain cases, the mucus secreted by the follicles of the cavity of the uterus is in communication with the liquid of the same nature furnished by the follicles situated on the surface of this organ which is in contact with the vaginal walls, and gives rise to more or less considerable masses of fluid. Whatever may be the point of the vagina where this deposit takes place, it is easy to see that the matter which constitutes it is not the product of the mucous membrane of the vagina, but rather of the glandular apparatus of which we have spoken. In fact, we always find a stream of liquid which is directed towards the neck, the place of its origin; and it is thus that the mass of the liquid has glided to the vulvar opening. It sometimes happens that, in consequence simply of the vertical position, the mass of liquid becomes suddenly detached and falls to the ground. It is not in this way that the discharges in disorders of a different character are effected; in these, the escape of the fluid is never in a body or mass, but slowly, and drop by drop.

Let us now say something on the appearance presented by the mucus of uterine catarrh deposited upon the linen. The stains which this liquid forms upon the linen are quite round, and not angular, as is the case in those formed by discharges from the vagina; they glue the linen, rendering it firm as if starched; their color is a dull white, grayish, or greenish yellow. It is important to be able clearly to distinguish these taches or spots. In the first place, it may be of some importance in a medico-legal investigation; then it may happen that you will meet with certain women who will not allow any examination whatever of their genital organs, and you are thus obliged to put up with an examination of their linen; and these, too, are difficulties which you must expect to meet but too often in practice.

2. *Chemical Characters.*—If we look for a moment at the chemical properties of the liquid of which we are speaking, we shall see that it offers characters peculiar to itself. This liquid, in fact, is alkaline; it may sometimes show itself acid, but this is then owing to its mixture with the products of a secretion of a different nature and source; so that if it were possible to separate and analyze apart the liquids mixed together, that dependent upon catarrh of the uterus would always present an alkaline character. When you collect and set aside this liquid to dry, it becomes solid, brittle, elastic; put it in water, where it does not dissolve, it regains all the characters by which it was recognised in the liquid state. The matter of discharges from the genital organs, other than that belonging to catarrh, does not present the same chemical and physical characters as the latter. Thus we find among them some differential characters which are of no mean value.

3. *Contagious Properties.*—We proceed to add to the foregoing some brief considerations upon the contagious properties of the liquid produced by uterine catarrh, which is a question not altogether devoid of interest. Catarrh of the uterus is evidently contagious when the consequence of, or when accompanied by, a syphilitic disease; it may be contagious when it is simply blennorrhagic, without being syphilitic. When blennorrhagic catarrh has continued a certain length of time, it may lose its contagious properties, as you are aware, in urethral blennorrhagia.

A urethritis in a man may be the consequence of sexual connection with a woman laboring under a simple non-blennorrhagic catarrh. It is not very rare to see in the same woman a catarrh showing itself contagious at certain times, and not constantly. This may be owing to certain transient modifications produced in the matter of the discharges in certain women placed accidentally in diverse conditions, and inappreciable circumstances. It is thus that excess in coition, menstruation, fatigue, and other causes, may develop a principle of acidity in the product of the catarrhal secretion, and give to it contagious properties; these transient causes subsiding, the effects subside also, and the woman becomes exempt from all contagious qualities. Nor is it unexampled for women, laboring under uterine catarrh, to fail to communicate disease to the men with whom they have habitual intercourse, and yet produce a blennorrhagia in those who have had with them but occasional connections. It is important to be aware of facts such as these; their explanation is perhaps difficult, but their existence is not the less incontrovertible, and this should suffice us.

March and Duration.—Catarrh of the uterus maintains a continued march; no intermisions mark its progress. Nevertheless menstruation exercises an appreciable influence upon this affection. In effect, two or three days before the menses appear, the catarrh is often seen to diminish, then to be suspended, and suppressed during their continuance, to reappear after their cessation, and resume its continued march; it acquires sometimes a greater intensity after the menses, though this is but a momentary result.

Catarrh of the uterus may present itself under two forms—acute and chronic. In the first case, it may terminate at the end of a month or a month and a half. But the chronic form is the most frequent, and the disease then may last for many months or years, and even during the whole of the period of life in which the woman is susceptible of fecundation, it rarely continuing after the final cessation of the menstrual discharge.

Symptoms.—When the catarrh is chronic, essential, and not complicated, it gives rise only to unimportant functional troubles. There is remarked a vague general uneasiness, some sensations of twitching in the groin, in the vagina, in the interior of the womb; sometimes indigestion; a little loathing, sadness, etc.; and some complications may also occur. Thus there exists sometimes an inflammatory condition of the parts, of the neck itself, the surface of which may be red, bleeding, and deprived of epithelium, and flabby and fungous around the follicles. The orifice of these follicles may be enlarged and ulcerated. The reactional troubles will be more or less marked according to the complications, they being in fact in a ratio with the nature and degree of intensity of the phenomena of complication.

Diagnosis.—We have seen what are the characters proper to discharges of the uterus; we find these the essential element of the diagnosis of the affection. But you must not neglect to inquire if the disease is simple; if it is owing to a local or general cause; if it is the consequence of a lymphatic temperament, of an anemic state, of a scrofulous taint, etc.—circumstances all calculated to furnish essential therapeutic indications.—*Notes on Medical Matters and Medical Men in Paris, by David W. Yandell, M. D., in Western Journal of Medicine and Surgery.*

Yellow Fever at New Orleans.—The New Orleans Medical and Surgical Journal for Nov. 1847 gives the following statistics of the mortality from Yellow Fever during the season:

The fever made its appearance about the 1st of July, and began to decline, in accordance with the laws of epidemics, about the latter part of September; and by the 1st of October, the deaths daily were about ten. Thus the epidemic, as such raged about six or seven weeks. It attacked many who had passed unaffected through the season of 1839 and '41; some who had been permanent residents for several years, fell victims to the disease. In some of its features, it differed from former epidemics.

We had fewer cases of black vomit; and many who were attacked with this usually fatal symptom, recovered. In many cases, the fever terminated in 24 hours; in others it raged for 56 or 72 hours. Nor was the issue of the case materially influenced by the duration of the fever. Since, many in whom the fever continued for three days, recovered as promptly as those in whom it ceased at the end of 24 hours. Throughout the disease, the head-symptoms were striking and obstinate; and many, very many, succumbed with all the symptoms of congestion of brain.

As it is not our object to go into a description of the disease, we shall confine ourselves to the statistics on the subject. After much labor and great care, we have compiled from the published reports of the Board of Health the following statement, which will speak for itself.

Interments in the city of New Orleans, from the 3rd of July, to the 18th October, 1847, inclusive.

For the week ending	10th July.	Total	138,	5	of yellow fever.
" " " "	17th "	"	143,	6	" "
" " " "	24th "	"	131,	16	" "
" " " "	31st "	"	177,	47	" "
" " " "	8th Aug.	"	263,	118	" "
" " " "	15th "	"	353,	197	" "
" " " "	22d "	"	432,	322	" "
" " " "	29th "	"	461,	328	" "
" " " "	5th "	"	540,	435	" "
" " " "	12th "	"	491,	355	" "
" " " "	19th "	"	257,	169	" "
" " " "	26th "	"	181,	85	" "
" " " "	3rd Oct.	"	149,	61	" "
" " " "	10th "	"	126,	44	" "
From the 10th to the	18th "	"	148,	53	" "
Total.			3990	2241	of yellow fever.

Interments in the city of Lafayette, from 26th of July, to 21st September, 1847, inclusive, total, 798, of which 498 were of yellow fever. Thus making the total of deaths from all diseases during the time specified,—in both cities,—4,783, of which 2,739 were from yellow fever.

The above table will convey quite a correct idea of the state of health of our population from the 3d of July to the 18th of October, 1847.

From the foregoing table it will appear that the epidemic reached its acme about the 1st of September, and after that date it gradually declined. During the prevalence of the fever, it has been computed that between twenty and twenty-five thousand persons were attacked with the disease; this, however, is more a matter of conjecture than accurate calculation.

On the 18th of October, the Board of Health published the following statement:

Meeting of the Board of Health, October, 18th 1847.

The Board of Health feels authorized to make the announcement that the yellow fever, which has been prevailing for some months as an epidemic, has, for some time, ceased to exhibit this character, and as such has now disappeared. At the same time it is proper to state, that the *sporadic* cases, which have always been seen for one or two months after the disappearance of epidimic yellow fever, must still be expected to prevail.

Signed, W. Stone,
Chairman.

W. T. Brent,
Secretary pro tem.

As the yellow fever declines, our ordinary autumnal diseases begin to make their appearance. We have now under treatment two cases of typhoid fever in private practice; they are very obstinate, one 17 days standing, and not yet convalescent. Since the commencement of the fall season, the sky has been clear, the air cool and bracing, and but little rain to interrupt out-door business.

A. H.

Abscess of the Breast.—"Subcutaneous inflammation of the Breast proceeds much as an ordinary phlegmon. When the abscess is formed between the mamma and the chest, the swelling is considerable, the breast raised up, but after an incision the cure usually takes place rapidly. But when the phlegmasia invades the substance of the breast itself, it is rare to find only a single abscess produced. We sometimes see 10, 20, 40 or 50 manifesting themselves in succession. An instant's reflection will show that this result is a natural consequence of the anatomical disposition of the inflamed tissue. The glandular parenchyma consists of different lobules, each of which constitutes a little organ having its own function, and which may become heated and irritated under the influence of lactation. Each lobule does not attain at the same time the same degree of irritation. One first inflames, then suppurates, and constitutes a first abscess: a neighboring lobule then becomes affected and, in its turn, forms an abscess; and so it may go on with all of them until we have as many successive abscesses as there are lobules.

"This distinction of abscesses of the breast into at least three orders is of the highest importance; and if we do not adopt it, our ideas upon the subject will be but very vague, and devoid of all precision as respects prognosis and treatment. Parenchymatous abscesses may last four or six months, or a year even, according to the rapidity of their succession and their number. The subcutaneous abscess last only as long as an ordinary phlegmon; and the submammary abscess has not the long duration of the parenchymatous one.

"Each of these has again its special treatment. We may endeavor to procure the resolution of *subcutaneous abscess*, and that by ordinary means; and, if suppuration occurs, we open it promptly, in order to avoid the burrowing of the pus among the tissues. *Sub-mammary phlegmon* should be treated especially by general measures, and leeches around the nipple. Topical applications are of little use, as they are separated from the centre of inflammation by the whole substance of the mammary gland. When an abscess is formed here, its prompt evacuation is desirable: but the perception of fluctuation is difficult, for the pus is surrounded by a large mass of tissues, and the thoracic parietes have not fixity enough to serve as a point of support. Nevertheless, you may recognise the existence of pus by the following characters: 1. An acute phlegmon rarely exists more than seven or eight days without suppuration taking place. 2. The breast is raised up like a sponge, and if we press upon it, it seems as if it were lying on a bladder full of fluid. 3. We find the breast surrounded by a kind of inflammatory œdema. Having recognised the pus, we should let it out promptly, or we expose ourselves to seeing it traverse the gland and form one of those abscesses I call *shirt-buttons*, These abscesses, moreover, have a mischievous influence upon the chest, and may lead to a purulent pleurisy. They may, too penetrate into the cellular tissue for a distance, and give rise to a diffused phlegmon. The incision should be made into the most dependent part, the place of election being below and at the outer side of the nipple, but, in some cases, a projecting point of the abscess indicates the place at which the opening should be made. It is always advantageous to make the incision towards the circumference of the breast, because the gland itself is not touched, and its weight tends to expel the pus. The bistoury should be directed almost parallel with the thoracic parietes, so as to slide it in between these and the mamma. The danger of such incisions is not great, there being no large arteries to fear. *Parenchymatous phlegmon* requires an energetic and varied treatment. Bleeding, purging, and the so-called anti-lactal medicines. When pus forms, which is almost always the case, topical applications and incisions seldom prevent the successive implication of the lobules. Nevertheless, there is some advantage derived from the prompt opening of the abscess, *if the patient agrees to it;* for you should recollect that, in practice, if you open one abscess and others form, she never fails attributing these to your proceedings. These details will, I think, suffice to show you how important it is to distinguish the different abscesses of the breast, and to explain to you the confusion which prevails in the minds of some surgeons as regards their treatment."—*Gazette des Hopitaux*, No. 89.

Illustrations of Medical Quackery.—New Medical Revelation.—The Te-to-tum Doctor of Arkansas.—New medical systems, and infallible cures for all the ills which flesh is heir to, succeed each other with such wonderful rapidity, that with all our efforts we can scarcely chronicle them as fast as they are brought forth. The ink with which we announce one is scarcely dry, before we have another to bring to the notice of our readers. Thompsonianism, Homœopathy, Hydropathy, Dypsopathy, and the Lord knows how many other *pathys*, have each had their short reign within a very few years, and now we have another system presented with equal claims to confidence. We are indebted for the following account of a new medical reformer to our esteemed cotemporary, the *St. Louis Med. and Surg. Jour.*, (Nov., Dec., 1847.)

"An intelligent friend, from the south, informs us that there is in Arkansas a doctor who practices medicine upon an entirely new system—called the *te-to-tum system*. He employs an instrument with eight sides, similar to the toy used by children, and known as the te-to-tum, only larger in size, and differently lettered. On each side of the octagon is a letter of the alphabet, designed to represent a certain thing—as, for example, V for vomit, G for glister, P for purge, C for calomel, &c. &c. Whenever this worthy is called to see a patient, he takes with him this wonder-working instrument, and without examining either the pulse or the tongue, or asking any questions, proceeds to spin it, as one would a te-to-tum, and administers according to its revelations. Thus, if V is turned up, he forthwith declares that an emetic is indispensable; if C, that calomel, must be given, and so on.

"The success which has attended this plan of practice, we are told, is astonishing, and the popularity of its author unbounded; so much so as to cast homœopathy, hydropathy, and eclectic-Thompsonianism, completely in the shade. This is something new and original in the way of quackery, and we see no reason why it should not have its day, as it is quite as philosophical as many other systems now in vogue. But if we might be permitted to make a suggestion to the lucky discoverer, whoever he may be, we would say that he might, perhaps, improve this plan, by substituting some Egyptian, Chinese, or Arabian hieroglyphics, for the plain English characters, which every one understands, as the *'enlightened public'* always yields its faith to a system in proportion as it is dark and mysterious, and to them incomprehensible. McP."

The Strawberry Leaf—A Valuable Auxiliary in the Treatment of Chronic Dysentery. By J. C. C. Blackburn, M. D., of Barnesville, Georgia.

Believing that a discovery, however simple, which has a tendency to alleviate the sufferings of man, should be given without reserve to the medical world, I feel disposed to present to its consideration the claims of the Wild Strawberry. For the last three years I have been endeavoring to analyze this plant, and to try, if possible, to arrive at its medicinal properties. I was led to this investigation from the mere casual fact of seeing a dog, that was apparently in severe pain, swallowing its leaves. And here just let me add, that if physicians would more frequently lend an observing eye to the conduct of the brute creation, when afflicted with diseases peculiar to them, they might find remedies for diseases, which though at present obtainable, yet remain undiscovered. I have used the strawberry leaves in every form, for the cure of dysentery; but the formula most desirable is as follows: ℞. one pound of the green leaves, add to them one quart of good French brandy, and boil to one pint. Give of the strained liquor one table-spoonful every three hours, until the disease in question be relieved of its distressing symptoms. I will here add *one* case, of the origin of which I am totally ignorant.

Mr. B., a volunteer returned from Mexico, was taken with dysentary at Matamoras last August a year ago. He was placed under the direction of the Surgeon to the Georgia Regiment, who attended him until he pronounced his case incurable. The patient afterwards recovered sufficient strength to accompany the regiment to Monterey, and thence to Vera Cruz, where he was again prostrated by this disease. He reached home last July, with a constitution almost broken down, and placed himself under my care. I resorted to the use of every agent within my knowledge for the cure of his disease, but without success. I at length determined to try the strawberry leaves, as in the formula above-mentioned. He had taken but ten spoonfuls when he commenced to improve, and speedily recovered. He is now *entirely cured,* and able to attend to the duties of his calling. I have used the strawberry leaves in many cases since, with the same happy result.—*Southern Medical and Surgical Journal.*

To the Editor of the Boston Medical and Surgical Journal

Palmer's Artifical Limbs.—MY DEAR SIR,—In compliance with your request and of many others of the medical faculty, I have written this short article, which I send for publication in your Journal, concerning my patent artificial limb. I will not attempt to give an elaborate account of all the minutiæ of its construction, but simply a *general* idea of its novelty, utility and *modus operandi.* It would be quite impossible, in this short sketch, to give your readers anything like a definite idea of the peculiar action of the various parts about the articulations, or the new and improved modes of constructing and attaching the springs, tendons, &c., which give lifelike action to the substitute ; and, as it is not the manner of arranging, but the result produced by the improved principles combining and acting in the substitute which will more particularly gratify the reader, I shall aim to give an idea of the leg in operation, and make some suggestions to the profession concerning amputations, as my success depends somewhat upon the place of amputation. Many have visited me for relief, whom, to relieve, was almost to *create,* in consequence of unskilful amputation. It may not be uninteresting to your readers to know that this invention of the artificial leg, is the result of much investigation, years of incessant thought, and days and nights of unmitigated toil, in consequence of the loss of one of the inventor's legs, which was ground off in a bark mill, when he was eleven years of age. All the most approved artificial legs, including the valuable one of Dr. Potts, of London, know as the "Anglesey Leg," I had worn previous to completing my invention, and I tested thoroughly my own improvement, and secured a patent for the same, before venturing to expose it to the gaze of a scrutinizing public. In fact, I only thought, originally, to relieve my own suffering by the production of my own hands ; but having exhibited the limb thus constructed, I was called before the public, and a generous American public has fully appreciated the worth of the invention. My unfortunate fellow beings, who, like me, had travelled long on crutches o'er earth's crags, without hope of relief, have arisen, as one has said, "in joint and limb complete," and my fondest hopes are more than crowned with success. I trust you will pardon the momentary digression in which I have indulged, and I will now return to the subject of my letter.

As much depends upon a skilful amputation, and as various erroneous ideas have been conceived by many surgeons with regard to the *best stump* to which to fit an artificial limb, permit me to remark that *generally* it is desirable to have the stump left as long as it can be with safety. The question may be asked, "is not this now the case"? I answer, no. I have now with me a gentleman, whose leg was amputated very near the knee-joint, which might just as well have been taken off in the most desirable place for fitting an artificial one, so as to give the most *complete* and *perfect* use of the natural knee ; but the patient was told by the surgeon that 'twas in vain to think of applying a leg below the knee, so as to give the use of the natural joint, without great difficulty in supporting the weight, and that it is was preferable to flex the knee, and pressing the thigh into a socket—"*push along*," as *Hood* would say, "thump, lump—lump, thump," upon the uncouth stub leg. Prodigiously absurd is such an idea; and even now in this case, with this very short stump, I shall give the prtient a very tolerable use of the natural knee, as I have done in several similar instances previously. But how admirably he might have walked, if the amputation had been performed a few inches lower—and the *injury* was very near the ankle, so that the leg *might* have been removed very low down. I always use the natural knee, if flexible, if there remains two and one half inches of the limb below the joint. If the amputation be below the knee, and the articulation flexed and *stiff*, the leg remaining at right angles with the thigh, or nearly so, with my apparatus I give perfect use of an artificial knee-joint, without elongating the thigh or increasing its circumference enough to be perceptible. In no case does any pressure come upon the end of the stump, so that, however tender it may be about the place of amputation, as the bearing comes upon the circumference of the limb above, the weight is supported with perfect ease. A stump from six to ten inches in length *below* the knee gives the best chance for fitting a false limb. If the thigh is to be amputated, let the operation be also performed as low as practicable, though it should not be within three inches of the knee. I make these suggestions, believing them to be important, as many limbs are amputated at random, or at least without any reference to the subject now under consideration; and I am certain that you would not deem them unimportant, if you were in the habit of fitting artificial limbs, as I am, to all the various kinds of sumps. Permit me, however, to remark, that in all cases of amputation, if there remain two inches of the thigh, a limb may be fitted so as to be far preferable to a crutch, and enable the wearer to walk with facility, and engage in any active employment. A gentleman for whom I arranged a limb last winter, whose thigh was amputated near the body, informs me that he labored upon a farm the past summer, and could perform as much labor and command as high wages as any common farmer, and that he had travelled on foot four miles in sixty-five minutes with his new leg. In all cases where any of the natural articulations are either gone or inflexible, I give the patient perfect use of artificial ones to supply the deficiency thereof.

The principles upon which my patent leg is construted, are such that a complete likeness of the anatomical limb is given, and whether dressed or undressed there appears no excrescence, vacuum or unnatural depression in the contour. About the articulations, also, the same symmetry of proportion is observed as in natural joints. The springs and tendons in the artificial limb which perform the functions of the *tendo-Achillis*, flexor and extensor muscles, &c.

are durable, and as they are all in the interior of the limb, they are not subject to accident, and do not wear the clothing covering the leg, or injure the beauty and finish of the same. I have compounded a cement which I use in the finish of the exterior, which is impervious to water, and which fastens the outside covering, or cuticle, indissolubly, and gives a beauty of color and finish, rivalled only by that of the human limb. B. Frank. Palmer.

Meredith Bridge, N. H., Nov. 24th, 1847.

[*From the Boston Med. and Surg. Jour.*

Treatment of Hiccough.—Dr. Boyer relates three cases of prolonged and alarming hiccough, which, having resisted all the usual means employed for its relief, were relieved by the application of pressure, a practice first suggested by Bordeu and since revived by M. Rostan. A large pad is laid on the epigastrium, and bound forcibly on by means of a towel or bandage. It generally causes instant relief, but if discontinued too soon the hiccough returns. It is usually necessary to wear it for twenty-four hours, before it can be safely removed.—*Revue Medico-Chirurgicale,* July.

EDITORIAL DEPARTMENT.

Female Physicians.—The novel event of a female medical student being in attendance at the Geneva College having been the subject of remarks in Medical and other Periodicals, we are led to state the circumstances, which are briefly as folllows:—

Shortly after the commencement of the lecture session now in progress, the Faculty of Geneva College received an application, by letter, for the admission of a lady to the privileges of the Institution. The Faculty resolved to submit the letter (written by the applicant herself) to the class, and to return a favorable reply provided no objections thereto were entertained. The class adopted unanimously, resolutions expressing their willingness that the applicant should be received, and pledging themselves to treat her with respectful consideration. She was accordingly admitted, and has thus far attended the lectures in all the departments, as well as surgical operations, and dissections, personally participating in the latter. Nothing has transpired, as yet, to disprove the propriety of the action taken by the Faculty and class. In so far as her presence in the lecture room has had any influence, it has been conducive to a more strict observance of decorum than is usual with medical classes, and any embarrassment which may have been felt by all parties has long since disappeared.

It is understood that previously to her application to the Geneva College, she had applied to be received at the Institutions of Philadelphia, New-York city, and Boston, but without success. Geneva College will therefore be entitled to the distinction, meritorious or otherwise, of first practically exemplifying the experiment of opening the door of medical instruction to a female candidate for the medical profession.

Several inquiries suggest themselves in connection with the foregoing event. Is it likely that the example of Miss B. will be followed by other females? We think it by no means impossible that this will be the case. And we venture to predict, that, before many years, there will be far less difficulty than was experienced in the present instance, in finding a Medical Institution willing to entertain favorably similar applications, and that the fact of females qualifying themselves to become medical practitioners will have ceased to possess novelty. That females will become general practitioners is hardly to be expected, but that they may devote themselves successfully and usefully to special branches is not to be doubted. This has been sufficiently demonstrated in the instance of Mad. Boivin, and others, who have been distinguished not only as practitioners, but as writers and teachers. We should regret to see any innovations tending to lead woman from her approprite sphere—the domestic hearth, and the social circle; but we can perceive no good reasons why females whose duties are not prescribed by domestic or social relations, should be denied the privilege of obtaining a support, and of exercising usefully their faculties in the capacity of Medical practitioners under proper limitations. The offices of the Physicians, indeed, in some respects, are peculiary appropriate, as they would be congenial to the other sex. Poetry invests woman with the character of a "ministering angel" in the hour of sickness, and this idea almost ceases to be a figure of speech when we witness the labors of "sisters of charity" (professedly so, or not) devoted to the claims of the poor and friendless, enhanced by the sufferings of disease. Surely such philanthropic efforts should not be deprived of the vastly increased efficiency which they may derive from medical knowledge. The poetical idea of a "ministering angel," or the more prosaic character of a "sister of charity," cannot suffer depreciation, but quite the reverse, by being associated with medical education.

But, aside from purely philanthropic ends, we are inclined to think that the exercise of the duties of the medical practitioner, is by no means, an exclusive prerogative of the lords of creation, but may be claimed as belonging equally to the softer sex. The discussion of the subject would, however, lead us too deeply into the metaphysics of woman's rights, and we therefore waive it for the present.

Another inquiry is, what influence upon the character of the medical profession will be exerted by well educated female physicians? The effect, as it seems to us, will be good. We imagine that it may conduce to the diminution of quackery. Without intending any disrespect to the fair sex, we may remark, what every practitioner must have observed, that the encouragements bestowed upon the various medical delusions, and empirical schemes of the day, is, in a great degree, owing to female influence. Why it is so we will not stop to inquire. Such, at all events, is the fact. Now one result which may reasonably be expected to follow from the education of intelligent females in medical science, is the diffusion of a more rational appreciation of, and consequent respect for the medical profession, and medical knowledge, among persons of their own sex. Physicians will have fewer annoyances to suffer from the hands of ignorant nurses, and traditionary whims and notions. We have not time nor space to pursue this inquiry. Having fairly committed (without any affectation of gallantry) our first impressions in behalf of female medical education, we leave the subject for the present, to be, perhaps, resumed at some future time.

Buffalo Medical College.—Extension of Lecture Term.—The Faculty of this institution have resolved that the lecture session for 1848-9 shall commence on the last Wednesday in Nov., 1848, making, with the preliminary dissecting term of one month, a *six months course*, thus, virtually, if not literally, adopting the recommendation of the National Medical Convention.

The coming Spring Course, commencing the last of February next, will continue, as announced in the Circular and advertisements, for the usual period, viz. sixteen weeks.

We take great pleasure in making this announcement.

The Buffalo Institution is, so far as we know, the fourth Institution in the country to extend the lecture term, and the first to do so of the Institutions north and west of New York city,

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Anniversary Dinner of the Society for the relief of Widows and Orphans of Medical Men.—This benevolent and prosperous association in the city of New-York, have lately celebrated the anniversary of the formation of the Society, by a dinner at the Astor House. Good feeling, good cheer, and good speeches appear to have united in rendering the occasion all that was to have been expected. Apart from the objects, which commend themselves in the strongest manner to the feelings of every medical man, such occasions are productive of the happiest influences upon the profession. We should be glad to see a custom of meeting for social purposes at stated periods, become more general among medical men than it now is. The better Physicians know each other by means of intimate, friendly companionship, the greater will be their mutual respect for each other, the more highly will they esteem their common profession, and the stronger will be their claims, as a body, upon public regard and confidence. *Fraternal union*—this is the *open sesame*, for secret stores of honor and usefulness, which medicine may possess by never forgetting to avail itself of that talismanic expression.

Slandering Physicians.—Uuder this caption, the Boston Medical and Surgical Journal publishes a correction, which we are truly glad to see.

A paragraph has been of late circulating through the newspaper and medical journals, in which it is stated that a surgeon of Lowell, Mass., after dressing the wound of a patient, and finding that he was to receive no fee therefor, tore off the dressings, and left the patient in that condition. The story seemed highly improbable on its face; but as it was not only stated once, but reiterated by the newspaper in which it originated, we had reluctantly felt obliged to give it credence, and had prepared a notice of it, expressing sentiments of indignation, to which all our readers would have responded amen. It turns out that the allegation was utterly slanderous. Is there no legal redress for such grievances, to which, in some shape or other, physicians are constantly exposed? We do not, of course, intend to claim for the medical profession entire exemption from moral obliquities, but we do believe, that of the cases of criminal or immoral practices in which the perpetrators are designated *doctors*, the larger proportion are *pseudo-doctors*, and that in a large proportion of the remainder the offences are slanderously imputed.

We hope our friend of the N. Y. Annalist will not fail to make the correction in the instance referred to!

Anniversary of the New-York Academy of Medicine.—An anniversary address before the Academy was lately delivered, at the Broadway Tabernacle, by Dr. John W. Francis, before a very large auditory. Many persons, indeed, were prevented from gainning admittance, the hall being crowded to overflowing. This speaks well for a growing public interest in medical affairs, as well as for the personal reputation of the orator. The address was equal to the high expectations which had been entertained. It is to be published, so that members of the profession of a distance may have a share of the gratification afforded to those who enjoyed the privilege of being auditors on the interesting occasion.

Medical Students at Philadelphia.—Philadelphia, as we learn from the Medical Examiner, still preserves its quota of medical students. The Examiner estimates the whole number in attendance at the various schools at about eleven hundred. The class at the University, we learn though a private source, embraces five hundred; so that the extension of the lecture term to five months, it would seem, has operated as an additional inducement for medical students to select that institution. We are not surprised at this. We believe Institutions which furnish the most advantages will be best patronized.

Removal of the Liver!—The eredulity of the public, and the incredulity of the Profession, were lately much excited by an announcement that a Dr. Thompson, residing near Columbus, Ohio, had extirpated a hypertrophied liver weighing some twenty or thirty pounds!! The victim was represented to be doing very comfortably without a liver! At length, however, the patient died, having lived sufficiently long to demonstrate the extraordinary fact that the hepatic viscus may be succesfully removed! A correspondent of the New-York Annalist, writing from the neighborhood of the place where this astonishing chirurgical feat was performed, furnishes an explanation of the affair. A large tumor, it appears, was removed from the abdomen, the operator, supposing, or, at all events, asserting that the tumor consisted of the liver, *and nothing else*, and that no vestige of the organ remained after the operation. After the decease of the patient, this redoubtable hero of the scalpel presided at an autopsy, having invited some spectators to testify to the verity of his achievement; when lo! the liver was found snugly and safely reposing in its usual locality, and the substance removed turned out to be an ovarian tumor! It would be libel upon an ancient and respectable fraternity, the primitive surgeons, to stigmatize this as an instance of *barber surgery*—it should be called simply *butchery*, without prefixing the adjective chirurgical.

A Prescription.—The following prescription, whichwas received at an apothecary's shop in a village in this state, may possess some value as a curious specimen of this branch of literature. We give it *verbatim, et literatim, et punctuatim*, premising, that we have no reason to believe that it was written by one who has any claims to be considered a regular physician. We should not be vastly surprised, however, if the author were a practitioner with not an inconsiderable share of patronage:—

A receit for the Egar 1 pint of hollands gin, 30 grains of Kenine powders 3 cents worth of Jollop and 5 drops of the licks of viteral all compounded up together, take one half A Wine glass 3 times A Day.

Demise of the British and Foreign Medical Review.—Dr. Forbes has retired from the editorial chair, and the Review formerly conducted by him is to be merged in the Medico-Chirurgical Review, which is henceforth to be entitled *British and Foreign Medico-Chirurgical Review.* It is to be republished by the Woods, of New-York, who have for many years republished the Medico-Chirurgical.

Dr. Forbes, in his valedictory, gives a detailed account of the rise and fail of this enterprise. It would appear that he was led to originate the Review from a painful conviction of the deplorable and degraded condition of medical periodical literature. He speaks of contemporary British Journals (condescending to except from a sweeping expression of contempt a single publication emanating from Dublin) in terms, which display an astonishing degree of egotism and arrogance. It seems that very few articles which appeared in his Review, were from his own pen. Of late, however, he contributed Reviews of homœopathy and hydropathy, which he acknowledges affected injuriously the circulation of the work. As a pecuniary speculation the enterprise was a failure, and as it promised to bring him in debt more and more each year of its continuence, it was prudently abandoned.

We cannot but think that with a little modesty of demeanor Dr. F. would have retired more gracefully. There are some insinuations contained in his valedictory which are unjust in themselves, and certainly are as much in violation of medical ethics as any other species of defamation of the character of his professional brethren. But it is to be recollected that he vacates the editorial chair, not willingly, but with a reluctant concession to the force of circumstances.

"Dr, Wm. Roberts has died of his wounds received at the battle of Molino del Rey."

Dr Roberts was, we think, a native of Montreal, and educated originally for the church; but in 1837 he commenced the study of medicine at Auburn, Cayuga Co., in the office of Dr. Hamilton, and in 1840 graduated at the University of Pennsylvania, Philadelphia. Soon after, he received an appointment as assistant surgeon in the army, and served several months in the Florida compaign, in Gen. Read's Brigade. Upon the disbanding of this corps, he settled as a practioner of medicine and surgery at Brunswick in Georgia. In August, 1843, he was again admitted into the regular army as an assistant surgeon, where he remained until his death.

Dr. Roberts was a man of superior talents, and although not more than thirty years of age, his attainments were varied and extraordinary. In addition to a superior English education, he added a complete knowledge of the French; with also a sufficient acquaintance with the Latin and Greek to enable him to read the most difficult authors with facility. And while pursuing his medical studies he supported himself chiefly by teaching small private classes in these several branches. As a student of medicine, he had scarcely a rival, having by untiring industry, aided by uncommon greatness of apprehension and strength of memory, mastered more of the details of the several branches of our profession than any man of his age we have known. His private virtues were also of the most excellent character—he was humane and kind to a proverb, and to all his circle of friends he endeared himself most by his tender attachment and care for a widowed mother and an only sister.

Dr. Roberts was attached to the "veteran 5th regiment" of Worth's division, and was on the field in nearly all the fearful battles in which this regiment was engaged. It was always his desire to distinguish himself as a soldier, as well as in his capacity as a medical officer, and we presume it was at his own request that we find him leading a company in the charge upon Cherubusco on the 20th of August, for his courage and valuable services on which occasion he received a most flattering notice in the official despatches of his commanding officer. He received, however, his fatal wound at the assault upon Molino del Rey several days later. Of the character of his wounds, and the particulars of his death, we have no information, but we have no doubt he died as he had always lived, in trustful reliance upon his Heavenly Father.

Dr. Congar's Private Medical School.—Dr. Congar, whose card will be found upon the advertising pages, proposes to open a private medical school in Buffalo, for the purpose of giving a continued, regular, and thorough course of instruction. Dr. Congar has already had some experience in giving private instruction and examinations, and while he has demonstrated to himself the success of the project, he has also demonstrated to others his complete qualifications for the duty. The facilities which he now offers to his pupils are extraordinary, and ought to ensure him full rooms. The amount which he proposes to charge for a years' tuition—$50, is something more than the student pays whose duty it is to clean office, carry medicines, and collect accounts, but the amount of his acquisitions in medicine and surgery, will, we venture to affirm, be also something greater. *In this way only*, by entering offices where tuition is demanded, and where regular and constant instruction is given, can young men ever be made good students and prepared to practice. The $50 thus paid, is $200 earned, for the student will learn more in one year in such an office, than he *can* learn in three years in the office of any man, however extensive his practice, who leaves his student to instruct himself.

Buffalo City Hospital.—During the last session of the Legislature a charter was obtained for a Hospital to be located in this city, under the above title. The Hospital has been organized by the adoption of a code of by-laws and regulations, and by the appointment of officers. The Board of Directors have taken the matter actively in hand, and are zealously prosecuting the work. Thus far, we are gratified to be able to say, that their exertions have met the prompt and unqualified approbation and co-operation of our citizens. The following memorial to the state legislature is now in circulation for the purpose of obtaining signatures:

To the Honorable Legislature of the State of New-York :—

Your memorialists, citizens of Buffalo, in the county of Erie, State of New-York, respectfully represent, that like other commercial cities, and especially where the population is unsettled and increasing, our city has always a large proportion of poor and sick citizens who are thrown upon the public charity, and who become a public tax.

But in addition to this, situated as we are at the junction of four or five of the most thronged highways in the State, our city is now, and has been for some years past the grand depot for a vast number of foreign immigrants, many of whom, being detained here by poverty, sickness and various other casualities, fall upon us for medical aid and support.

The exact number who pass through Buffalo, on their way to the West, we have no means of ascertaining, but your Honorable body will at once see that the number must be immense, since not only those who enter the ports of New-York and Boston, but also those who come by the way of the St. Lawrence and the Canadas concentrate upon us. And since the passage of late laws by the Congress of the United States, regulating and restricting the number of immigrants in each vessel entering our ports to a certain per centage on the tonnage, the proportion who enter by the Canadas has greatly increased. Thus New-York and Boston have been relieved of the crowd which would otherwise have pressed upon them, while the tide hitherward has not only not diminished, but has come upon us through the Canadas bringing ten fold more destitution and disease. During the past summer our County Alms House has been insufficient even to shelter comfortably the infirm paupers, and two new buildings have been devoted to the sick. More than six hundred cases of ship fever were brought among us, beside a large amount of other sickness.

We anticipate for the coming year certainly, no abatement of this burden.

We farther represent that while the city of New-York has under a liberal and enlightened policy, received for its various charities, not less than one million of dollars, directly or indirectly from the State Treasury, and is, still receiving constantly large appropriations, the western portion of the State, has never received a dollar for a similar purpose.

We believe that your Honorable body in pursuance of the same humane policy which has prompted you to sustain the New-York Hospital, and many other excellent charities in that city, from the public treasury—to some of which you have granted almost princely endowments, will also influence you to endow and sustain one similar institution in the west.

And although we have been tardy in urging our necessities, and in presenting our claims, we respectfully pray, that the fact may not be construed into an admission on our part that the necessities and claims have not long existed, but that, on the contrary, our forbearance may now ensure from your Honorable body a more prompt and liberal consideration.

We, there, your memorialists humbly pray that you will grant to the Hospital of the city of Buffalo, chartered by act of Legislature, November 1847, the sum of $40,000 for the purchase of a site and erection of suitable buildings, and the farther sum of $2000 annually during five years, for the purpose of endowing and sustaining the same.

The main grounds upon which the citizens base their claims are thus briefly set forth, but the Memorial has not attempted to go at length into the several arguments. The following statement, however, made officially by Mr. L. Brace, one of the superintendents of the poor for this county, is exactly in point:

"In the year commencing 1843, Oct. 1st and ending Oct. 1st, 1844, the Superintendents of the Poor of Erie county reported to the Secretary of State, that there had been received into the poor house 675 persons. The expenses of supporting them was $7,257 72; and that they had expended in temporary relief $10 167 25—(the number of persons temporarily relieved was not given)—making the whole expenses $17,424 97.

From Oct. 1st, 1844, to Oct. 1st 1845, the whole number of paupers relieved or supported was 2647; number temporarily relieved was 1901; expenses at the county poor house were $7,074 85, and for temporary relief $8,192 28—making the sum of $15,267 13.

From 1st of Oct., 1845, to 1st Oct., 1846, the whole number relieved or supported was 2,841. Expenses at the poor house were 5,938 99; for temporary relief, $9,154 77; making $15,098 76.

From Oct. 1st, 1846, to Oct. 1st, 1847, the whole number of paupers relieved or supportedwas 4,301. The number of all such persons who were temporaly relieved was 3,292. The aggregate expense of relieving and supporting all such persons was $17,146 83; of this aggregate sum, the amount expended for tempory relief was $8,367 24; poor house expenses, $8,779 59. The whole number received into the poor house during the last year was 978: died in the poor house, 113. It may be added here that the City Sexton buried during the same time 218, by request of the Overseers of the Poor. It will readily be seen that while pauperism has been annually on the increase, that at no time does its increase compare with the last year, there having been in that time an addition of a little less than fifteen hundred, all of whom were in a most miserable, destitute and sickly condition. Scarcely a family that has stopped here since last July, but more or less of its members have brought with them ship fever; and I am fully satisfied that one thousand have been proper subjects for a hospital.

Of the 4201 paupers the last year, 3804 were foreigners, viz: 1781 from Ireland; 1265 from Germany; 198 from England; 113 from Scotland; 92 from Holland; 71 from France; 47 from Canada; 18 from Prussia; 16 from Wales, 6 from Halifax; 74 colored, and 529 native citizens.

Besides these, from 800 to 1000 who have passed through this city, have been more or less aided, and of whom no official record has been kept.

Is it just and equal that this city and county should be subjected to this enormous tax for the support of foreign paupers? The Legislators have evidently believed that it is not just or equal, and for the purpose of remedying the evil, imposed a tax upon all imigrants entering the port of New-York city, of one dollar per head. During the year ending Sept. 30, 1847, 145,830 landed in New-York, and if the per cap. tax was actually received, it has in this one year amounted to $145,830. This money passes into the county treasury, or into the hands of the county superintendants, who hold it in trust for the Co. of N. Y., and such other counties of the State as may be able to give the required evidence that within a certain time any of the imigrants who have paid said tax, have become a charge to the county. This is, we are informed, the substance of the law, but unfortunately for us who annually support such a large number of these immigrants, its practical working is not what the legislators designed it should be, since it is found almost impossible to identify these paupers when once they have gone out from the county of New-York; and so great is the difficulty that during the last year not more than two or three families have been identified here as having entered and commuted at the port of New-York. New-York city has thus been left in the almost undisturbed possession, so far at least as we are concerned, of this entire sum; and it has received in addition for the maintenance of its immigrant hospitals from the Treasury of the State, the sum of ten thousand dollars.

During the session of the Legislature just closed, another similar statute has been enacted, demanding a tax of one dollar per head upon all such as enter the State of New-York north and west of Albany, along the line of the St. Lawrence, Lake Ontario, Niagara River, and Lake Erie; which tax is also to be paid to the superintendents of the poor in the county in which they shall make their entry, and if within three years thereafter any of these persons become a county charge elsewhere in the State, such other county may draw upon the county where they paid their commutation, for the amount of their expenses, until the whole amount received is paid out. But the same cifficulty still exists; they cannot be identified, and the county in which they land will be alone benefitted;

by which rule the amount of benefit derived to this county must be fractional.

We are not prepared to say what remedy for this evil can be devised, but it is certain that so far as this, and most other counties of the State are concerned, the law is worthless, and it would be more equal for us if the whole amount was paid directly into the general treasury.

There can be no doubt that the amount of foreign pauperism in this city is greater in proportion to the population than in any other city in the State, and while New-York city may have an equitable claim on the State for all or nearly all of the immigrants tax and ten thousand dollars directly from the State Treasury for the maintenanc of this class of paupers, we also have an equitable claim for even a larger proportion of the public funds, since we have vastly less pecuniary ability.

We have been led to make these remarks at this time in order that the members of the profession in the western part of the state may understand the merits of our application, and by representing the facts to their several representatives, co-operate with us in giving to the west its due.

According to the report of the Treasurer, the city of New-York received, during the last fiscal year, from the general state fund, and from the United States deposite fund, for its various charitable institutions, $77,268,47; other sums were also received from other funds. And similar sums are paid annually for the same purposes. What charitable institution out of New-York has, as yet received one dollar?

Lectures on Natural and difficult Parturition. By EDWARD WILLIAM MURPHY, A. M., M. D. *Prof. of Midwifery, University College. London, &c. &c. New York, S. S. & W. Wood,* 1846.

The above work has been sometime before the American public, and an apology may be due the enterprising publishers for permitting it to remain so long unnoticed in our columns.

The well known reputation of Prof. Murphy, the high position which he holds, furnish a guarantee for the ability of the work, and, yet, at this time, when the press teems with systematic works on obstetrics, emanating from the highest authorities, combined with the well known predilections for systematic works in preference to monographic, we fear the publishers may not find the publication a very profitable one. The truth is, that in this country the purchasers of medical books are students, and young physicians entering on practice; and, as a matter of course, they purchase the systematic works used as text books in the schools.

Doct. Murphy, in the preface, informs us that the lectures "are the substance of those delivered at the University College on the subject of natural and difficult Parturition; he adds, "the order of the course has been slightly altered by the introduction of the first two lectures on the obstetric anatomy of the pelvis."

The two first lectures contains a minute and accurate description of the obstetric anatomy of the Pelvis, but nothing worthy of notice.

The third lecture gives his definition of labour, which is "*the action of the uterus to expel its contents when the fœtus is sufficiently mature to sustain respiratory life.*"

After considering the classifications adopted by different writers; he makes the following division of labours: "natural, difficult, preternatural, and complex." In his division of the different stages of labours, he prefers that of Denman, the 1st stage being the dilitation of the os uteri; the 2d the expulsion of the child; the 3d, the separation of the placenta. The work is illustrated by plates, which are well executed, representing the different layers of muscular fibres of the uterus. The author dwells at considerable length on the action of the several layers in the process of parturation. We were not a little surprised to find so accurate and intelligent a writer assuming the position that there is no evidence of the neck of the uterus containing muscular fibres. He says: "it seems more probable that the highly condensed tissue that form the cervix of the virgin uterus, still retains in its altered state, many of the original characters; that this tissue, although more unfolded, is still sufficiently compact, and elastic, to offer a great degree of resistance, and that its dilitation is effected by the incessantly repeated efforts of the uterus, slowly overcoming and expanding it." We conceive it is only necessary to observe closely the phenomena of a single labour, to satisfy the most obtuse how perfectly are facts at variance with the above description; instead of the slow gradual yielding of a firm dense substance to an impelling force, we find the mouth of the uterus contracting firmly with each contraction of the uterus, relaxing again as this organ is relaxed, and contracting as it contracts, yielding a little each time, until it is fully open. The prompt and marked effect of blood letting in producing relaxation of a rigid os uteri, is well known to every practitioner. No such effect could be produced if Doctor Murphy were correct. We have been long satisfied that the account given by Denman, and most subsequent writers, as to the manner in which a premature rupture of the membranes of the uterus renders labour tedious is erroneous, and we believe it has often led to bad practice. We will suppose, for instance, that an os uteri is dilated to the size of a half dollar, the membranes are ruptured, and the waters discharged, the uterus now contracts down about the child, by what Dewees terms the tonic contraction, the cervix partakes of this contraction, and, on examination, the os uteri is found reduced to the size of a two-shilling piece, and the process of dilitation has again to be repeated.

It is true that muscular fibers are not as abundant, or as fully developed as in the fundus and body, and probably, the longitudinal fibres of the body, with the exception of a few small fasiculi, cannot be traced into the cervix, but that muscular fibres exist, we consider as evident as that they exist in any part of the uterus.

Doct, M. dissents from the description given by "Wigerent," and adopted by "Rigby," that the contractions are from the cervix to the fundus. He thinks the reverse is the case, and that the contractions begin at the fundus. The observations of the author goes to confirm the accurate description of Naegele in his account of the manner in which the head passes through the pelvis, and that the 3d and 4th positions of Baudeloque, were most frequently in the progress of the labour changed into the 2d and 1st.

Lectures V and VI give a concise, and judicious description of the management of "natural labour." The VII lecture is on the subject of "difficult labours." The causes of difficult labour are divided into insufficient action of the uterus, and rigidity of the passages. In treating ot the subject of rigid os uteri, Doct. M. very properly directs that we should refrain from all attempts at dilitation, but omits to mention the practice recommended by the late Prof. Dewees, viz: blood letting, which has almost a magical effect in producing relaxation.

Lectures VIII, IX and X, are on laborious labour, and contains nothing new. Prof. M. has the common prejudice of English writers against the use of the forceps, unless the head is *resting* at the inferior strait, and is decidedly opposed to their use in cases of imperfect or locked-head. Lecture XIII on obstetric instruments. The work closes with a summary of the principal rules laid down in the lecture, arranged in the form of aphorisms, to which are added some of the aphorisms of Denman. Notwithstanding the few strictures which we have advanced on some of the opinions of the author, we would commend the work to the profession, as containing an able summary of British practice and doctrine on the subject of natural and difficult parturition.

Dec. 1st 1847. C. B. C.

American Microscopes.—A good Microscope has become so essential to the physician, that no apology is needed for calling the attention of our readers to this subject. We scarcely know whether anatomy, physiology, or pathology is most indebted to its revelations ; but we are certain that no one who wishes to push his researches into the very *penetralia* of the human body, will rest satisfied without being in possession of such an instrument. To it we are indebted for much of our knowledge of what takes place in the organism, as the capillary circulation, and the early processes of development both in plants and animals ; to say nothing of the nature of those changes, which are constantly taking place as the result of abnormal rction.

It gives us much pleasure to state, that we are at length enabled to procure a better microscope at home, than we are abroad, and at a much more reasonable price. We learned some time since, that Mr. Charles A. Spencer, of Canestota, N. Y., was manufacturing microscopes, telescopes, etc., equal in all respects to those imported ; but it is not until very recently that we have been put in possession of facts and testimony which establish beyond dispute their superiority to all others. Professor Baily, of West Point, in a recent letter to Professor Torrey, (dated Sept. 27th, 1847,) thus speaks of one of Mr. Spencer's instruments.

"I have just had very great pleasure in an interview with Mr. Spencer, and in looking through his microscopes, I am proud as an American of their performance. You know we tried in vain with our highest powers to see the cross lines on the *Navicula Hippocampus.* Mr. Spencer's lenses show them beautifully, and they may even be seen by his middle power. He has shown me lines on several objects on which I could never before find any trace of them. I feel therefore no hesitation in pronouncing his microscopes *far superior tc Chevalier's*, and they show all the lines in the most difficult objects, which I could see with the Lowell instrument, at Boston. This is a triumph for American art, in which we should all rejoice, and feel it a duty and pleasure to spread the knowledge of."

Mr. Spencer has been lately engaged to furnish as good a microscope as he can make, of the large Chevalier form, for the Smithsonian Institution, without regard to cost; also, one for Princeton and Geneva Colleges. The large Chevalier form, which costs, with the duties, and without polarizing apparatus, etc., $250, is made by Mr, Spencer, with a full range of powers, for $200; and with polarizing apparatus, micrometers, compressor, eclectric conductor, camera lucida, etc., for $225. The small Chevalier, which costs with these powers and no auxiliary apparatus, $100, is furnished by Mr. S. for the same price; and the same price; and the same with a greater range of powers and apparatus, for $125 to $150. His verticle and oblique instruments, vary in price from $75 to $150, with lenses far superior to any of the Chevalier that we have examined. We confidently recommend Mr. Spencer's microscopes to all who wish to supply themselves with such an instrument, believing that their highest expectations will not be disappointed.—*New-York Journal of Medicine and Collateral Sciences.*

The Medical Faculty of Buffalo Medical College have also ordered from Mr. Spencer a microscope of the large Chevalier form, with a full range of powers, to be ready for use before the opening of the spring term of lectures.

The Pocket Anatomist: being a summary description of the muscles with a tabular view of the arteries and nerves. Concordant with the Dublin Dissector and Harrison on the arteries. Buffalo; Derby and Hewson, Medical Booksellers. 1848; 16mo. p.p. 61.

We take pleasure in chronicling the publication of a Buffalo Medical work, albeit it is of rather small dimensions—a kind of bibliographical Tom Thumb, but not deficient in the qualities which belong to children of a larger growth. The object and scope of the work are fully set forth in the title page. It costs but a trifle, and every medical student will find it highly useful.

A New Medical Dictionary; containing an explanation of the terms of Anatomy human and comparative, Physiology, Practice of Medicine, Obstetrics, Surgery, Therapeutics, Materia Medica, Pharmacy, Chemistry, Botany, Natural Philosophy. With the formulas of the principal Pharmacopœias, and valuable practical articles on the treatment of disease, on the basis of Hooper and Grant. Adapted to the present state of Science and for the use of Medical Students and the Profession. By D. Pereira Gardner, M. D., Prof. of Chemistry and Med. Jurisprudence in the Philadelphia College of Medicine, &c., &c. New-York, Harper and Brothers; 1847. 8vo.

A good Dictionary, now-a-days, is not only a desideratum, but an indispensable hand-book for the medical student and practitioner. If the above work be as comprehensive in its scope as its title page imports, it is all that can be desired. We cannot profess to have imitated the old lady who perused Johnson's dictionary in course from the beginning to the end; but we have had occasion already to refer to it frequently, and we have thus far found it abundantly adequate to our necessities. We think it may be recommened as one of the best, if not *the* best of similar publications now before the medical public.

Munificent donation to the Medical College at Columbus, Ohio.—We have been favored with a copy of a printed deed of trust executed by Lyne Starling, of Columbus, Ohio, conveying the sum of thirty thousand dollars, "to aid in founding and sustaining a medical college in the city of Columbus," the amount to be paid in successive instalments within the next three years. It is directed in the deed that twenty thousand dollars be appropriated to the erection of a college edifice, and the remaining ten thousand to "sustain an infirmary or hospital, or some other benevolent institution under the supervision and control of said medical college, and in said city of Columbus,"

Seven Trustees are designated, vacancies to be filled by the board *in perpetuo.* Not less than too, nor more than three regular Physicians of Columbus, shall, at any time be members of the board of Trustees; and only two Professors, or officers of the College, shall, at any time be members of the board. The Institution is to incur no debts beyond their cash means for meeting them within one year. The Professors of the College to be appointed, and subject to be removed by the Trustees, and in the appointments, the Trustees are to look solely to the character and qualifications of candidates, and to the permanent interests of the Institution. The foregoing are the provisions of importance.

We have only time and space to express our admiration of the spirit and policy of this truly munificent donation, and to tender our unaffected congratulations to our confreres of the Columbus Institution.

Proposed Treatise on Typhoid and Typhus Fever.—Dr. Sutton, of Georgetown, Ky., has it in contemplation to publish a historical and practical treatise on these fevers, as they have prevailed in the interior of Kentucky. The Western Journal predicts that the proposed work will prove a valuable addition to our indigenous literature.

Bischoff on Maturation of the Ovum.—We learn by the Annalist that a translation of the "Proofs of the Maturation of the ovum *sine coitu*," &c., by Bischoff, Prof. of Comp. Anat. in the University of Berlin, will shortly be published by *the Woods*, of New-York city. The readers of medical journals are already somewhat acquainted with the highly interesting observations of the German Professor, and his work will doubtless be welcome.

Bartlett on Fevers.—We have received the new edition of this work, and hope soon to be able to give it that careful examination which it merits.

Strychnia taken by mistake for Morphia.—An accident similar to that of Dr. Warner, of which an account was published in our Nov. number, lately occurred at Springfield, Ohio. Dr. John Patton, having procured a bottle of Morphia, and one of strychnia, both supposed to contain Morphia, took a small quantity of the Strychnia on the point of a pen-knife, and died soon afterward. These accidents enforce the importance of great carefulness on the part of Apothecaries and Practitioners.

Report of the Committee of Academy of Medicine on Ship Fever.—We have been looking with some impatience for this promised report. When will it be forthcoming?

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ORIGINAL COMMUNICATIONS.

ART. I.—"*Stomatitis Materna.*"—*The Sore Mouth of Nursing Women.* By Charles B. Coventry, M. D. *With remarks by the Editor.*

It seems not a little surprising that a disease of so severe a character, and extensive in its prevalence, has neither been named, been placed in any nosological arrangement, nor received even a cursory notice in standard works on the diseases of females. The information to be derived from books on this subject is meagre in the extreme. Its bibliography is soon told. It consists of a communication made to the Massachusetts Medical Society, by Doct. Hale, Boston, in 1838, and republished in the "American Journal of the Medical Sciences" for April, 1842. A communication to the same Journal, by Doct. Backus, of Rochester, published in January No., 1841; an article in the No. for Oct., 1842, by Doct. Shunks, of Memphis, Tennesee; and a brief commnnication from Doct. B. W. Taylor, of Florida, published in the same Journal for January 1842.

Though the disease has not been noticed by standard writers, it is neither new, nor limited in its extent. Doct. Hale speaks of its prevalence in Boston in 1830. Doct. Backus says he had met with it in practice for twenty years, and I remember that the disease was a matter of discussion with my preceptor, and other practitioners, more than twenty years since. Doct. Taylor says, that he has seen the disease in New England, in the State of New-York, in the West and in Florida. Doct. Shunk, says, at one time it was so prevalent at Memphis, that scarcely a nursing woman escaped. The frequent inquiries respecting the disease made by students from almost every section of the country, have satisfied me that, although particular localities may be exempt, its prevalence is extensive, and not confined to any particular section of the country or latitude. That the disease is not one of a trivial nature, can be testified by all who have had occasion to treat it, and by the fact that it occasionally proves fatal. How then are we to account for the neglect of standard authors to mention it? Probably it is unknown in Great Britian, as it is not mentioned either in their works or periodicals. The talented editor of the American Journal, says, that the late Prof. Dewees never met with a case, and that on inquiring of several of his medical friends in extensive practice in Philadelphia, they had never seen the disease.

Symptoms.—Doct. Hale, says, "it begins with a hard pimple on the edge of the tongue, generally a short distance from the tip, which is very red, and extremely painful. In many mild cases this continues a few days, and then disappears. This is the mildest form of the disease, and unless it is under the influence of medicine, does not remain in so mild a state. After a few returns, and not unfrequently a first attack, the central spot ulcerates. The ulcer is deep, with elevated edges, surrounded by an inflamed circle, and is exquisitely painful. Several of these ulcers form on the inside of the mouth, i. e., on the tongue, and inside of the cheeks, rarely, if ever, on the gums, or palate, and, although each ulcer is of small extent, yet the inflammations around them spread over nearly the whole extent of the mouth, the salivary glands are excited, so that there is considerable salivation. The inflammation next extends to the fauces, and then to the mucus coat of the œsophagus, stomach and intestines, accompanied by diarrhœa. Doct. Backus, says: "the first accession of the disease, is sudden, often extremely so. In three hours' time after seeing your patient in health, you may find her with a scalded tongue. The first sensation of the patient referred to the tongue, is that of scalding. The color of the tongue is very peculiar, being pink, the edge and roof of the mouth having a deeper hue of this color, accompanied with a profuse watery discharge from the mouth, extremely hot, so much so as to give a scalding sensation to the face when passing over it. The appetite is usually good, often ravenous, but only the blandest food can be taken into the mouth without producing the most intense pain. After a continuance of this state of the mouth for a few weeks, there appears slight ulcerations on the end, or edges of the tongue, or about the fauces. Sometimes the disease commences with slight ulcerations, and this scalding tongue and fauces follows. The bowels are constipated, or soon become so, no fever is present, but often excessive irritations of the whole system, in consequence probably, of the want of rest, as the continued pain of the fauces, together with the excessive, and continued flow of burning saliva, prevents any comfortable rest, night or day; tongue always free from any coat." Doct. Shunks, says: "in most of the cases in which this form of sore mouth occurs after confinement, the last months of gestation are attended with functional derangement of the liver, stomach, and bowels, evinced by acidity, flatulency, white viscid secretions, producing vomiting, which, instead of occurring in the morning, as in the early months of pregnancy, mostly takes place soon after laying down at night. The symptoms, when distressing, are attended with an irregular, often morbidly craving appetite, and constipated bowels. If not relieved, the tongue becomes red, the papilla flaccid, and projecting, giving it a peculiar rough and raw appearance, with diffused redness, and tenderness of all the inside of the mouth and throat. The secretion from the mouth is acrid, producing, a scalding, or burning sensation." The irregularity of the bowels and previous constipation, I believe are seldom absent, though, probably not essential to the disease; they, however, are seldom noticed by the patient, the sore mouth being the first thing to attract attention. The soreness of the mouth often comes on suddenly, sometimes, as described by Doct. Hale, with elevated and hardened pimples at other times with a general scalding, as described by Dr. Backus, and in others with a combination of both. The soreness of the mouth will sometimes disappear as suddenly as it came on, but is always liable to return in consequence of errors in diet. In a patient who has suffered from it, it is almost certainly reproduced by a meal of indigestable food. If the irritation extends to the stomach and intestines, diarrhœa supervenes, or the patient is troubled with alternate diarrhœa and constipation. When the diarrhœa commences, the soreness of the mouth usually somewhat abates; the tongue is perfectly smooth, the pink color becoming gradually lighter as the patient becomes exhausted; all desire for food is destroyed, and if much is taken, it is either rejected by vomiting, or the diarrhœa is agravated, and the exhaustion increased. The patient's strength is rapidly exhausted, particularly if she continues to nurse the child. If no local disease supervene to destroy the patient, the strength gradually fails from deficient nourishment of the system; effusions of water into the cellular system, and the different cavities, take place, and she dies, as it were, from exhaustion. Such, at least, has been the result of the only fatal cases which I have seen. I know of no instance where an examination was made after death.

While engaged in writing the above, I was called to see Mrs. R. with the disease. Mrs. R. was confined about two weeks since; suffered somewhat from hæmorrhage, but, in other respects, the labor was natural and easy; has suffered from sore mouth with two former children, but much less the last confinement; health tolerable previous to confinement, but bowels costive, although now irregular; most of the time constipated, sometimes attacks of diarrhœa; pulse feeble, but no excitement; appetite good; tongue very slightly furred, edges red, with several small hardened elevations; says the soreness is very irregular, sometimes in the morning it feels almost well, and before night may be as bad as ever; some redness of the throat and fauces.

Cause.—Although it is thought by all those who have written on the subject, that there is an intimate connection between the disease and the process of nursing, yet there must be some other cause operating in connection, in order to produce it. Doct. Backus, says: "no man ever had the disease, or ever will have it." Doct. Hale says: "that it is confined to nursing women, if we except some few cases of its recurrence during pregnancy in those who have previously had the disease." Doct. Taylor, says: "In an exten sive practice of seven years, I have never met with a single case of sore mouth in man, or in woman who did not give suck, which was in the least analogous to the species of sore mouth under consideration." Notwithstanding these statements, the disease is by no means unfrequent in pregnant women, or women previous to confinement. I have frequently known it to harrass them during nearly the whole of their pregnancy; sometimes getting better, when some imprudence in diet would agravate the disease. In one case it seemed to alternate with irritation of the stomach, and the two almost exhausted the patient previous to confinement. All admit that recovery is facilitated very much by weaning the child, and that in many cases it is indispensable to the recovery.

It is, however, evident that other causes must co-operate in the production of the disease. The only writer I have seen who has attempted to assign this additional cause, is Doct. Shunks, of Memphis, Tennessee. He says: "The predisposing cause of this disease seems to be marsh miasm, combined with humidity of the atmosphere, as the disease never prevails in high, dry regions of the country, free from humidity, and marsh miasm. In further confirmation of this opinion, deranged secretion of the stomach and liver are found invariably to precede and attend the disease. As the country has been cleared, improved, and made dryer, and, consequently, the humidity and the miasmata in the atmosphere diminished, the endemic fever of the country has become less prevalent, and this endemic sore mouth has diminished in its prevalence and severity in proportion. Formerly, at all seasons of the year, few women escaped it, in some degree, during lactation; now, since the country has become more exempt from intermittents, this affection has become more rare, attacking those, mainly, who are unacclimated, or of feeble health. That the predisposition is thus produced is farther evinced by the fact, that chronic diarrhœa, in humid, miasmatic localities, in males, presents many of the general symptoms of this disease peculiar to nursing females." In this city and county, cases of diarrhœa, of a protracted and chronic character, present themselves, especially in persons of intemperate habits, accompanied with sore mouth, and a peculiar red and raw tongue, with ulceration of its under side, and inside of the mouth. These cases are always produced, and accompanied by morbid secretions of the liver and stomach, but are different from the affection in females in the characteristic symptoms." Further observation is necessary to establish, conclusively, the theory, or views of Doct. Shunks, but in so far as our present knowledge extends, it goes to confirm his opinion. In the city of Utica, 20 years since, the fevers supposed to be produced by marsh miasm occurred only in persons who had been exposed to the cause in some other part of the country. The disease under consideration, if it ever occurred was very rare. Subsequently, both Intermittent and Remittent fevers, as well as this peculiar sore mouth, have become frequent, and although some cases occur every season, I think I have noticed them as most common in such seasons as the cases of fever have prevailed. The deranged condition of the digestive organs, the constipation, and morbid secretions from the liver, seem to point to a similar cause. This affection, in addition, seems to obey the laws which govern other endemic diseases, being much more prevalent some seasons than others, being found to prevail in certain localities, whilst neighboring towns are exempt. That the particular state of the system, in pregnancy should modify the operation of certain causes, so as to produce an affection which seems peculiar to women in that particular condition, is by no means surprising. We have a striking illustration in the malignant forms of puerperal fever. The latter was long considered a specific disease, to which puerperal patients are alone subject. I believe it is now demonstrated that it arises from the same cause that produces other forms of malignant fever, as typhus and malignant erysipelas, being modified by the particular state of the system. The treatment, as we shall endeavor to show, which has been found most successful, seems to indicate a similar origin.

Treatment.—All the writers I have met with, admit that the sore mouth is only a symptom of a more general derangement, though this may be the most prominent and most distressing symptom, and consequently, that remedies applied to the mouth, as washes, &c., have little effect, except in alleviating the severity of suffering, exerting but little control over the disease. Doct. Hale says:—"in the treatment of this affection, local remedies are of very little service. In general, mouth washes, and gargles avail so little as to give scarcely a momentary relief." Doct. Backus says: "I have, for the most part, treated the disease as arising from a vitiated secretion of the stomach, produced in some unknown manner, by the process of lactation, although, in a great many cases, I have had no reason to believe the stomach much disordered, for the patient, three hours before, might have been perfectly well. I formerly gave emetics, cathartics of calomel, or mild ones of blue pill, with local applications to the mouth, but this treatment often failed, the disease, though mitigated for the moment, still went on more and more severely. I have used the bismuth, and other metallic tonics, without effect. About five years since, I adopted a new method, which I have found more efficacious than any I had before pursued, As soon as the symptoms appeared, I made a free and continued use of the following pill:—℞. carb. ferri, grs. lxv.; rhei and G. aloes a. a. grs. xxiv.; pulv. ipecac and Castile soap, of each, grs. xii.; mix and divide into fifty pills; two to be taken two or three times a day, or often enough to keep the bowels open. I have always observed that an artificial diarrhœa occasioned by them usually afforded almost immediate relief, and often during the continuance of the disease, a spontaneous diarrhœa, from any cause, relieves the mouth at once. These pills, accompanied with an astringent wash of blackberry, or marsh-rosemary root, or a solution of nitrate of silver, seldom fail to afford relief, but, latterly, some cases have resisted this, and every other mode of treatment, and I have had to wean the child, when the disease was cured at once, and did not return." Doct. Hale says: "in any stage of the disease, if the child is taken from the breast, the affection of the mouth heals with great rapidity. He adds: "the same is true, in the earlier part of the disease, of the diarrhœa, and other sympathetic affections, and, indeed, it generally is so when the weaning takes place at any period." Doct. Hale observes, "that it not unfrequently happens that the stomach is disordered, though this is not essential to the disease, and when it so, emetics are necessary. The emetics are but preparatory to the direct treatment of the disease and there are many cases in which it may be dispensed with. For the cure, the chief reliance must be upon tonics, those, particularly which give vigor and action to the stomach, with little general excitement." Doct. H. recommends cinchona infused in lime water, carbonic acid in different forms; also, porter, beer, &c. He says: "I have known some cases in which calomel, combined with opium has been given with advantage, though he had not himself met with any which seemed to call for it. Doct. Shunks, says: "in the more robust and plethoric, the feverish excitement must be relieved by bleeding, which should be followed by alteratives and laxatives, such as blue mass, calomel, magnesia, rhubarb, &c., in small doses, with plain diet. In those of more feeble health, in whom little or no feverish excitement exists, a combination of blue mass, carb. iron, ipecac, rhubarb and aloes, in such proportions as suit the particular case, answers well as an alterative, and tonic laxative. Ipecac, alone, in doses of from one half to two grs, is a good remedy. Doct. Christison, the oldest practitioner in this city, relies mainly on ipecac, in doses of from half to two grains, repeated three or four times a day. Others prefer blue mass, carb. of iron, rhubarb, and sometimes opium, combined with ipecac; or blue mass, and soda with the drink. Active purgatives of all kinds are injurious. As a wash for the mouth, the infusion of blood root is perhaps the best. In bad cases, however, when there is much debility, emaciation, and nervous irritation of the system, the experience of all the physicians in this region of country concurs in the indispensable necessity of weaning the child to cure the disease, and in some cases, to save the life of the patient. The improvement from an alarming state of debility, and emaciation, after weaning the child, in often prompt and rapid."

Doct. Taylor, states, that after having tried various tonics, vegetable and mineral, and laxatives, with only partial success: "I have found that equal parts of flower of sulphur and cream of tartar, administered in broken doses, two or three times a day, so as to keep the bowels in a soluble state, constitutes the best treatment, as regards internal remedies. The combination of creams of tartar and sulphur, seems to have almost a specific effect over this disease The best eternal application, I think, is borax, either in the form of solution sweetened with honey, or loaf sugar." A highly intelligent practitioner of my acquaintance has informed me that he was in the habit of using the nitrate of silver, both internally, and as a wash for the mouth, in this disease with success. Others have assured me they have seen the blood root, given internally, with advantage, and several students of medicine have told me that their preceptors considered the cubebs as almost specific.

Previous to the publication of Doct. Backus, I was in the habit of giving a combination of phos. iron, calumba, and carb soda, after endeavoring to correct the secretions, when they seemed deranged, by the use of the blue pill, or small doses of calomel; combined with some laxative. This answered a useful purpose, the greatest objection arising from the difficulty of taking it on account of the bulk, and its sometimes proving offensive to the stomach. Latterly I have used the pill of Doct. Backus as a substitute, and have been much pleased with the effect. If used early in the disease, with a carefully regulated diet, it will correct the deranged condition of the system, and remove the disease. I have, however, sometimes found it necessary to wean the child, and, in some few cases, the disease has continued even after the child was weaned. My own observations and experience in the disease, which have been considerable, would convince me that it was by no means so exclusively confined to nursing females as the writers quoted represent. Whenever it prevails among nursing women, it is frequently found in those who are pregnant, before confinement. Although weaning the child has usually a favorable influence upon the disease, and is often indispensable, it is not so uniformly successful as we would be led to hope from what has been written, the disease sometimes continuing, notwithstanding this, and every other known means. In the most obstinate case with which I ever met in my own practice, the patient was very much exhausted before her confinement, the child was taken at once from the breast, there was great prostration of strength, an entire loss of appetite, bowels constipated unless moved by medicine, but the mildest cathartics would bring on diarrhœa; if food to any amount was taken, it was usually rejected, and if not, it produced flatulency, and pain in the stomach and bowels. After the failure of all the ordinary means, my patient was apparently benefited by, or at least began to improve under the use of a combination of minute doses of calomel, ipecac, and sul. of morphine, with the repeated application of blisters over the region of the stomach, and the occasional exhibition of a mild enema to move the bowels, the food being limited to the smallest quantity and mildest kind, My own experience, then, would concur with the almost unanimous testimony of those who have written upon the subject, that the most successful treatment in the early stage consists in a combination of tonics with mild laxatives, continued for a considerable time. When the stomach is much deranged at the commencement, a mild emetic may be useful; and when the appearance of the discharges indicate a deranged secretion from the liver, the addition of minute doses of calomel, or blue pill, avoiding salivation. I think the mineral tonics preferable, though I have given both the sulphate of quinine and calumba with advantage.

I am indebted to Doct. J. Z. Havens, of Utica, for the suggestion that the congress water combines the desired properties, viz., of a laxative, and mild tonic, together with the carbonic acid (which has frequently been recommended) in a convenient and palatable form. I have since given it myself, and seen it administered by others with decided advantage. In those troublesome cases attended with great irritability of the stomach, it will be found particularly valuable, often setting well on the stomach, when almost every other form of medicine is rejected. As a local application, an infusion of the sanguinaria canadensis, or a solution of nitrate of silver, or borate of soda, or any of the mild astringent infusions, may be used. Throughout the whole treatment the utmost caution should be used with regard to the diet. I have frequently known a relapse occur from the patient imprudently indulging in a single meal of improper food.

Should the means recommended, or others which may be adopted, not readily succeed in arresting the disease, I believe it would be best, at once to wean the child, or procure another nurse. If the disease has extended from the mouth to the stomach and intestines, producing diarrhœa, the child should be immediately weaned, the patient confined to the simplest food, and counter irritation produced over the region of the stomach. Should the disposition to diarrhœa continue, small doses of morphine, or some other preparation of opium, may be necessary to control the discharges. Great caution should be used in the administration of active cathartics, as they exhaust the system very rapidly. If it should be necessary to relieve constipation, it should be done by the use of mild enemas, in preference to cathartics by the mouth.

Remarks by the Editor.—As the subject of the foregoing valuable communication is one of much practical importance, and, as the writer justly remarks, has received very little attention from systematic authors, we are led to subjoin, briefly, the views of the pathology and treatment which have resulted from our own experience and reflections. It is indeed surprising, as our correspondent observes, that an affection of so important a character, is, as yet, without a classical title, The name which prefixes the article, *stomatitis materna*, is one which is, so far as we know, original with ourselves. Its appropriateness is based on the fact that the affection is limited to nursing women, or mothers. In the absence of any title which has been generally adopted, we venture to submit this.

What is the pathology of the affection? We regard it as dependent upon anœmia, induced by lactation. The blood becomes impoverished by the continued drain upon its nutritive elements to form the lacteal secretion, and this is one of the local consequences which occasionally follow. In all cases that have fallen under our observation patients present unequivocal evidences of the anœmic state, and in proportion as this state has been relieved by appropriate measures, the affection of the mouth has improved. Why this local disorder should ensue as a result of anœmia we cannot tell, more than we can explain why various other local disorders are attributable to the same morbid condition. Still less can we understand why this particular local disorder should be characteristic of the anœmia induced by lactation or pregnancy, and not often, if ever, occur as a consequence of anœmia induced by other causes. In other words the fact that this form of stomatitis is peculiar to nursing women, in the present condition of science, is inexplicable. Doubtless there exists some special connection between the disease and the kind of impoverishment which the blood undergoes in consequence of the withdrawal from this fluid of the elements which go to form the lacteal secretion; but our knowedge of chemico-vital chemistry does not suffice to trace the circumstances which constitute this special connection.

This is by no means the only instance in which the mucus membrane takes on disease as a result of prior deterioration of the fluids. We may instance the stomatitis which occurs in the last stages of pulmo-tuberculosis, and other chronic diseases; softening of the mucus tissue of the stomach and intestines from inanition; scrofulous ophthalmia; perhaps we may add the follicular affection of typhoid fever, &c.

That the affection has seemed to arise from miasmata is explicable, when we consider that to the latter alone anœmia is often referible, and consequently the effect of lactation is increased by conjunction with miasmatic influences. That it is wholly due to miasm is, however, sufficiently disproved by the fact that it occurs in localities where miasmatic emanations are unknown.

If this view of the pathology be correct, the proper therapeutical principles are readily deducible. The seat of the disease is not in the mouth, but it is a blood disease. Hence, we should expect, what experience declares to be the case, that collutories are of little or no avail. To reach the *fons et origo* of the difficulty, the blood must be restored to a healthy condition.

The first question with the practitioner is, can this be accomplished while the remote cause of the disease (lactation) continues. Our own experience teaches us that in the large proportion of cases weaning becomes necessary. This affection frequently does not occur until the blood has undergone deterioration to such extent that restoration is impossible without removing the remote cause. Whenever the patient is much prostrated, and, especially, if diarrhœa co-exists, the lacteal secretion should be allowed to cease without delay.

In most cases, however, it will be proper to give remedies a fair trial before deciding on the necessity of weaning. And, if we mistake not, the success of the treatment dictated by the foregoing view of its pathology, will, in not a few instances, strikingly exemplify the correctness of the latter. The treatment is that called for by the anœmic state, viz: nutritious diet, especially animal food and ferruginous tonics. Should the bowels be costive, or any functions be disordered, they will claim appropriate measures, but the grand object is to improve the powers of assimilation, and thereby restore the healthy condition of the blood. A great difficulty with a view to this object arises from the inability of the patient to take proper food in proper quantities, owing to the tenderness of the mouth. We have known patients who constantly suffered from hunger, which they would endure, rather than incur the pain incident to satisfying fully the appetite. Local applications should be tried, and, by alleviating the soreness, they may conduce to permanent benefit, by permitting the patient to take more nourishment. To the local remedies which are mentioned in the foregoing article, we would add, a solution of tannin in port wine, used as a collutory, of sufficient strength to cause a decidedly astringent effect, without occasioning much pain. We have employed this remedy, of late, in some cases, with advantage.

Of the tonics to be prescribed, there are various preparations which are appropriate, and the peculiarities of different cases will probably be suited by different forms. The citrate of iron, in combination with quinia, given in concentrated solution, as suggested by Dr. Meigs, has been a favorite prescription with us, and we know of no form more generally applicable.

Exercise in the open air appears to us one of the most important elements in the treatment.

Frequently the child may be partially weaned. Some mothers are accustomed to nurse frequently, or almost constantly during the night time, when loss of sleep is to be added to the cause of the disease which is more direct in its operation. This foolish custom should be interdicted.

Should these measures fail, weaning should be directed, and, in nearly all cases, the disease rapidly subsides so soon as this is done.

We give the foregoing views, not because we suppose them to be entitled to any merit of originality, but for the reason which has led our esteemed friend to submit his able article, viz: that the subject is one of practical importance, and one which has been surprisingly overlooked, or neglected by systematic writers.

ART. II.—*Case of Fungus Hæmatodes.* Communicated by JOHN G. MEACHEM, M. D.

LINDEN, Genesee Co., N. Y., Dec. 15, 1847.

DEAR SIR:—If you think the following case of sufficient interest to merit a place in your Journal, it is at your disposal:—

Fungus Hæmatodes.—Mrs. V———, aged 49, in the begining of January, 1847, complained of slight lancinating pains in her right breast, which extended into the axilla, and up along the neck. A few days after, on examination, a tumor was detected about two inches outside of the nipple, and deep in the substance of the breast, which has continued to increase, attended with severe pain, until now it is much larger than a man's hat, weighing, I presume, twenty-five or thirty pounds; of a deep purple color, having on its end a fungus protuberance as large as a full grown fœtal head. It has been soft and elastic from the commencement, leading some to suppose that it contained pus, consequently, poultices, &c,, have been applied with a view of bringing it to an head. In October three or four prominences appeared on its surface, two of which increased until they developed the charactersof fungoid excrescence, showing to the incredulous its fatal nature. For some time previous to the appearance of the fungus, a copious discharge of yellow serum issued from the nipple, and, since that time, from the fungus as, also, occasionally considerable blood. The constitution has become deeply implicated, and it is more than probable that a few days will terminate her earthly existence.

The first treatment pursued in this case, was the free use of iodine, internally and externally; but the patient and her friends, being less enlightened on medical subjects than many people, you may suppose, consulted more than one physician, as well as some that were not physicians properly, such as, "*celebrated cancer doctors.*"

The necessity of extirpation, as the only means of prolonging life, was, from time to time, urged upon her, but fear of the knife, and a hope, induced and sustained by pretenders, that it might not prove fatal, have served to intimidate a mind naturally undecided.

JOHN G. MEACHEM, M. D.

AUSTIN FLINT, M. D.

ART. III.—*A System of Surgery*. By J. M. Chelius, *public Professor of General and Opthalmic Surgery, Director of the Chirurgical and Opthalmic Clinic in the University of Heidelberg, &c., &c.* Translated from the German with Notes and Observations by John F. South, late Professor to the Royal College of Surgeons of England, and one of the Surgeon's to St. Thomas's Hospital; with additional Notes by G. W. Norris of Philadelphia, in three volumes, 8vo. Published at Philadelphia by Lea and Blanchard, 1847.

Unnatural joints, occur, says our author, from a variety of causes after fracture, among which advanced age, general disease, and especially too much motion, are the most common. Generally, if six months have elapsed since the fracture, and the fragments still move, a false joint may be considered as formed. They occur most frequently in the upper arm.

The treatment consists in rubbing the ends of the bone together, pressure with complete quiet; exposing and cauterizing the ends of the bone with caustic potash, nitric acid, butter of antimony, nitrate of silver, &c.; sawing off, or rasping the ends, and introduction of a seton. Of these, pressure and complete rest are most frequently successful. "When ablation is practised, it should be treated aftarwards" says Chelius, "as a compound fracture" and we are not to expect it to unite in a long time. I have known, however, at least one case in which the contrary practice proved successful: a false joint resulting from a fracture of the radius. The ulna had united shortened, and the radius overlaped without union. I exposed the radius and removed sufficient of both ends with a saw to reduce the fragments, and having thoroughly cleansed the wound, I brought it together *closely* with straps and roller, and sustained it with splints. In one week the wound was entirely healed, and in three weeks the bone was united. The seton, to be successful, must generally be kept in a long time, but it is less dangerous than ablation.

" *Hare-lip* can only be cured by operation. Although experience has shown that the operation may be successful in very young childred, it is, however, best to delay it till eight months, only when wolf's jaw is connected with hare-lip and the child cannot suck, may the operation be undertaken within the first six months. n children of two years the operation may be delayed till they ecome intelligent."

In a note we find the opinion of Lawrence, who recommends the operation as early as the third, fourth, or fifth month, and of Mutter, who operates upon children three, four and five days old! While Mr. South himself, does not think even eight months sufficient age. He would never perform it under two years, and he prefers the sixth or eighth year. And we incline to the opinion of South, that there is actual danger in operating for hare-lip upon very young children, since we have heard from a gentleman, himself a witness, of convulsions and death immediately ensuing upon an operation when the child was only a few weeks old; and we have seen other similar cases recorded. There is no propriety, however, in deferring the operation beyond the age of two years, at least we do not think any necessity exists on the score of danger, while the delay to the fifth or sixth year is liable to the serious objection that the child having formed his habit of speaking, will never after so competely overcome a defective pronunciation as if the lip had been united earlier. The period between the second and third year of life, ought generally to be chosen.

Cleft palate, torn perineum, ulcers, scalded head, and milk crust, or *crusta lactea infantum*, constitute the subjects of the succeeding chapters.

Itch, scabies, or *psora*, has, since the advent of Homœopathy, acquired a rank and importance of which the humble *acarus scarabaei*, dwelling in his itch pustule, never dreamt. And, by-the-by, since the "itch mite" has become the cause of so large and respectable a class of maladies, why are they not admitted into the Homœopathic Pharmacopoeas? According to the maxim "*similia similibus curanter*," an infusion of one of these microscopic gentry ought to constitute a sovereign remedy for all those ailments of which it has been discovered to be the cause.

Chelius says the cause of itch is a *contagious matter*, and he considers the part which the itch-mite may take in its production as yet undecided. Their existence, however, is not disputed at present. They are found chiefly between the fingers, and on the wrist, and they are "little wee bodies," with a trunk, proboscis, and six or eight very hairy feet, which are, under the magnifying glass, continually in motion. It is a nocturnal animal, only wandering about during the dark, which, according to Aube, explains why the disease is almost alone communicated by sleeping with an itch patient. The number of itch-mites has no direct proportion to the intensity of the disease; generally there are but few itch-mites on a person affected with the itch.

The most conclusive experiments which have been made to show that these mites actually may produce the disease in question were made in 1812, by Gales, apothecary to the Hospital St. Louis; according to whom a mite confined under a watch glass upon the hand soon penetrated the skin, and, in a few hours afterwards, three vesicles arose, attended by an intense itching.

"Simple itch is cured by any remedy which destroys the itch-pustule, and produces such inflammation in the skin that the cuticle mortifies and is thrown off. On this circumstance may be explained the great number of remedies, and modes of treatment recommended for the itch, which only operate when in their composition they have such substances as bring about the above mentioned effects, or are so energetically rubbed in, that the *rubbing itself* produces the same result."

Thus frequent soap and water ablutions are recommended, soap baths, flowers of sulphur with soap and water, grease alone, or grease with mercury, nitrate of ammonia, sulphate of zinc, hellebore, &c. &c. But the liniment which our author prefers is Horns liniment, composed of one part of flowers of sulphur and two parts of black soap, with as much water as may be necessary to make it fluid. This is to be rubbed in four times a day, to the amount of four or six drachms, and with so much force as to produce a burning sensation, and peel off the diseased skin; at the same time also warm baths are to be frequently used. South has fully tried this plan and finds it superior to any thing else.

"In the Belgian army liquid sulphuret of lime is used for the cure of the itch according to the following order:—"Each patient is to be supplied with an ounce or an ounce and a half of liquid sulphuret of lime in a small pot. This quantity he is to rub carefully and slowly with his hands on every part that is covered with papulæ. If there be any papulæ on the back, another patient is to rub the liquid on that part. The operation is to be repeated three times in the twenty-four hours so that each patient consumes three or four ounces of the sulphuret daily. A bath is to be taken every alternate day; the frictions are to be suspended on that day. Fifteen frictions (or ten day's use, are usually sufficient for the cure of the disease, if the medical officer in charge sees that the remedy is properly used. *Preparation of the sulphuret of lime.*—Take of sublimed sulphur 16 lbs. and of quick lime 32 lbs. and boil in 80 lbs. of water for three quarters of an hour. Let the mixture rest for some time until it settle, and then let the clear fluid be decanted off. Boil the residue afresh in about the same quantity of water, treat it in a similar manner, and add this decoction to the first. Usually 140 lbs. of the sulphuret, at 12° by the areometer are thus obtained. If the liquid be more dense, it should be lowered to this standard by tne addition of rainwater."

In the treatment of *Lues*, our author recommends general, as well as local treatment. The local treatment is applications of nitrate of silver, caustic potash, corrosive sublimate and nitrate of mercury. The latter I can personally recommend as superior even to the nitrate of silver in power and promptness of action—seldom requiring more than one or two applications. These applications are to be followed by unguents or astringent washes, and the ulcers must be kept clean. To this must be added a mild steady mercurial treatment carried to *moderate* ptyalism. Lawrence and South also, deem mercury given internally the best protection against secondary symptoms in nearly all forms of lues, phagedenic and sloughing sores, of course, excepted. Lawrence is of opinion that modern surgeons, among whom he must of course include M. Ricord and Chelius, use mercury too little, for although a slight action upon the gums is sometimes sufficient, yet, in other cases it is necessary to push it to more copious salivation; nor should the use of the mercury be suspended when the sore is only cicatrizing, but not entirely closed—indeed, it is well, he thinks, to continue it ten or fourteen days after the ulcer has headed. Green says the action of mercury should be continued, on an average, three weeks for a chancre, four weeks for a bubo, and six or eight weeks for secondary symptoms. Buboes are to be treated according as they are active or indolent, by bleeding, cold lotions, cold poultices, &c., or by gray mercurial ointment, mercurial and hemlock plaster, soft poultices, iodine ointment, &c.

"The violent dispersion of an idiopathic bubo may accelerate the outbreak of the general venereal disease." The practice therefore of compression suggested by Fricke, and the application of blisters, followed by a solution of sublimate, we presume does not find favor with Chelius.

The general symptoms are to be treated also by mercury in various forms, either internally or externally, and Mr. South thinks that while nodes may be made to disappear perhaps more rapidly under the use of iodide of potash than of mercury, yet the cure will not be found so permanent.

The *Friction-cure*, recommended by Louvrier and Rust, may be resorted to when other means fail. The patient being prepared by bathing, purging, diet, and sometimes bleeding, frictions with the gray ointment are employed. Commencing with one drachm, the quantity may be gradually increased to two drachms, to be rubbed in every second or third day; generally nine rubbings are necessary, sometimes only five, and twelve are nearly always sufficient.

Caries.—We apply the term caries to an unhealthy species of ulceration of the bone, where there is no reparative process, but the parts are in a process of destruction. It occurs mostly in spongy textures, and is probably always preceded by inflammation and softening.

The general treatment of caries must be various, according as the patient may be scrofulous, syphilitic, gouty, rheumatic, &c., &c. The local treatment consists in excluding the air from the sore and giving free vent to the matter. No stuffing with tents; nor generally does our author approve of injections of anykind, either mild or acrid. The mild are inefficient, and the acrid do harm. It is better to wash the sore externally with mild aromatic baths. In some cases we may excise the carious bone.

Necrosis, is death of the bone, and is easily distinguished from caries.

"Although *caries* and *necrosis* are alike in many symptoms, as in the two diseases similar causes give rise to both, as the bones are laid bare by the removal of the soft parts, and less or greater portion of the substance of the bone is lost and suppuration is present, yet they are distinguished by the following circumstances:—*Caries* occurs especially in bones of a spongy texture, *necrosis*, on the contrary, in bones of a closer character; in superficial *caries* the swelling has not at first so great extent as in bony gangrene; the swelling in *caries* mostly opens itself to a greater extent, fistulous passages often occur which become callous; in *necrosis* these openings have ordinarily a fleshy wall; in *caries* stinking *ichor* flows but in *necrosis* true pus, which is only bad when retained too long by improper treatment, or when the neighborhood is much irritated, or when *caries* also exists; in *caries* there are vital appearances, injection of vessels, loosening up, suppuration and successive destruction, therefore is the touch of the probe painful, whilst the necrosed bone is insensible and pain is only produced by harsh touching, and which spreads to the sound parts; the softening which accompanies or precedes *caries* extends further and loses itself imperceptibly, and above all, where it exists the bony cells are filled with reddish fluid; in *necrosis* it is developed in sound parts, is less extensive, and produces only one layer of granulations, which are formed between the healthy and dead parts; the fungosities of a carious bone are softer, grayer, more discolored than those above and below a piece of the necrosed bone, and the latter have more of the appearance of the granulations of a suppurating wound; in *caries* the bone is rough, uneven, soft, broken up, fungous, and the probe easily penetrates it; in *necrosis* the bone is even and hard, and though rough, not, however, yielding and soft; the bony splinters thrown off are in *caries* small, dust-like, and destructible; in superficial *necrosis* they are layer-like, in deep *necrosis* large, firm, and of the natural condition of bone; the *periosteum* or medullary membrane is in *caries* usually much changed or destroyed, whilst the one or the other or even both in *necrosis* preserve their integrity, therefore nature does little in *caries;* in favorable cases the openings becomes callous, and similar changes are produced in the bony substance, or granulations arise from the bone which become connected with those from the soft parts but are rarely converted into bone and form only misshapen masses, whilst in *necrosis* a more or less complete reproduction of the destroyed bones is effected. The course of *necrosis* is mostly tedious, but often also quick and connected with active inflammation, which is rarely the case in *caries*. After opening the abscess, the pain in *necrosis* usually subsides, whilst in *caries* it mostly increases.

The notion that in *caries* the organic principle (bony gelatine) has entirely disappeared, and instead of it a peculiar fatty matter produced which fills the cells of the carious bone, whilst in *necrosis* the formative principle remains unchanged and its respective relations, that is as they are found in health, remain, (Delpech, Berard, Pouget and others,) is not confirmed by Mouret's experiments, as according to him the fatty matter in which every writer believed is always found in recent *caries*, well distinguished from rancid fat by its smell, which may serve as its characteristic; but all the bones he examined have a fibrous jelly-like substance, and contain a proportionate quantity of saline substances, as in healthy bone; it is therefore impossible by the chemical characters indicated to distinguish *caries* from *necrosis*."

The general treatment must be directed to the general indications. The local treatment must be mild and unirritating.

"All irritating treatment to promote the throwing off of the *sequester*, as the enlargment of the fistulous apertures, the application of sharp spirituous remedies, the actual cautery, the repeated boring of the dead piece of bone, are hurtful, inasmuch as by their effect on the living part they increase the destruction, but on the dead bone have no effect at all."

Excision and amputation may become necessary.

Under the subject of carious teeth, Mr. South speaks of *bleeding* after extraction of a tooth.

"The bleeding which ensues occasionally in consequence of drawing a tooth of a person who has hæmorrhagic *diathesis*, is a matter of very serious consequence. and has sometimes destroyed life. I have seen several severe, though not fatal cases of this kind, and as it seemed to me that the blood came from the very bottom of one or other of the fang-sockets, when the tooth had more than one, I presume that the bleeding vessel was the proper artery of the tooth, and that the difficulty in arresting the hæmorrhage depended on the difficulty of getting at the vessel itself; for unless it can be immediately acted upon, whatever be the local application, it is sure to fail. Various remedies have been proposed; I have tried most of them without success, but I have never failed with the actual cautery, when I have properly applied it, that is, when its point has been sufficiently small to descend into the very bottom of the fang-socket. When I first had recourse to this practice I failed from not thrusting the hot wire (which makes the best cautery for this purpose, and should not be more than a line thick) down to the very bottom of the socket; but having corrected this error, I have never failed since, in at least half-a-dozen cases; and; therefore, believe that its inefficiency in the hands of others has arisen from the same cause which at first failed me. There is nothing very frightful in the employment of this remedy, nor does it produce more than momentary and slight pain, and I think it is therefore, best to resort to it at once without wasting time, and allowing the patient to lose blood to such extent as to disturb the constitutional powers, and excite any latent phthisical tendency, of which I have known an instanee."

Various other remedies have, however, been recommended, and although we think, with Mr. South, that the actual cautery well applied is the most reliable, yet the other remedies may occasionally be found sufficient. Some have used caustic potash, but it is hazardous; nitrate of silver. has also been used successfully, and pieces of sponge have been saturated with nitric acid, sulphate of copper tannin, benzoic acid, tincture of myrrh, muriated tincture of iron, alcohol, &c. Some reinsert the tooth; Cortez introduces wax into the socket; Peter Cullen recommends a soft phial-cork gently pressed into the socket, and carrying before it a small piece of lint moistened with some styptic; Ryan relates a case cured by internal use of ergot.

Dislocations.—Mr. South remarks that he has seen one case in which the femur being thrown into the ischiatic notch, the limb remained quite movable several hours, and he thinks he has seen other similar cases in which the usual sign of dislocation, and *immobility* was not present.

Old and very young persons are not so liable to dislocation as the middle aged. Mr. Travers, however, saw a dislocation of the femur into the ischiatic notch in a boy five years old; but probably there are very few instances upon record of an accidental dislocation of the hip at this period of life. The following is the result of Malgaignes, investigations as to the relative frequency of different dislocations.

"Dislocations of

the shoulder	321	thumb	17	knee	7
hip	34	wrist	13	spoke-bone	4
collar-bone	33	fingers	7	knee-cap	2
elbow	26	jaw	7	spine	1
foot	20				

And also that from the age of two to fifteen years, dislocation of the shoulder occurred only once out of four dislocations, but after sixty years about once out of one and a-half."

"My friend Mr. Liston, tells me, that he once reduced, without assistance, a dislocation on the back of the hip-bone, two or three minutes after it had occurred, by the person having been thrown from his horse, simply by putting his hand on the *pelvis* and pulling and rotating the thigh with the other. This is probably an unexampled case, but it proves, that the earlier the reduction is attempted the less power have the muscles to offer resistance."

Here is a text for my friend, Mr. A., who reduces all dislocated thighs, *if* his own word may be taken, unaided, without either extension, or counter-extension, simply by a kind of *tour de maitre* by a peculiar, mysterious, *secret*, anatomico-physiologico-scientific grand barbers flourish! It is a precious pain-saving, people-humbugging, pocket-filling discovery, which Mr. South has not heard of, or he would not have spoken of Mr. Liston's case as "probably unexampled." With us *such* cases are sufficiently common.

The means for effecting extension and counter-extension, are the hands of assistants, pulleys, &c., &c.; and where the resistance is not easily overcome, we think that, in addition to the bleeding; antimony, &c., mentioned by Chelius, we may now safely add, inhalation of sulphuric ether, or of the still more modern lethiferous gas, *chloroform*. For the effects of ether in difficult cases of dislocation, we refer the reader to some reports in the preceding numbers of this journal.

> "I have known an instance in which a dislocated upper arm after having been reduced and carefully bandaged up, was left undisturbed for some weeks, and on the removal of the bandages was found to have slipped out, and could not be reduced again."–*South.*

We quote this passage for the benefit of those legal gentlemen who, after a dislocation has occurred, finding the bone still out of place, can see no way to account for it except by supposing that it was never reduced. It was such logic as this which persuaded a jury in Livingston Co., a few years since to impose a most unjust fine upon a distinguished surgeon; not because it could be shown that he did not reduce the shoulder, bnt solely because the shoulder was not now reduced.

Several of the succeeding chapters are devoted to the subject of herniae in its various forms and is more complete than any thing we have seen upon the subject. Prolapse of the uterus, vagina, bladder, rectum, with inversion and retroversion of the uterus, succeed; also torticollis, curved spine, curved limbs, club-foot, contracted fingers, &c., &c. The division appropriated to aneurisms is full and includes a notice of the recent mode of operation by compression.

Naevus and erectile tumors generally, Chelius considers under the head of "Teleangiectasy," or unnatural expansion of the capillary-vascular system. Speaking of the danger of extirpation with the knife, Mr. South says:—

> "I have known two instances in which children died upon the operating table in extirpating a teleangiectasy from the face; and at least in one of the cases; no one could doubt the capability of the highly-distinguished operator."

Where it is broad and superficial, especially in children Chelius prefers the caustic potash.

The following paragraph may be of value to some of our young men, or ladies, whose faces are afflicted with what Hopkins the "witch finder general" of England used to call the "devils mark" and "witch spots."

"The tattooing of moles on the skin, proposed by Pauli, has yet to be mentioned. The part should be washed with soap and water, and rubbed till the blood is introduced into the most delicate branches of the erectile tissue; the skin is then made tight, and covered with color similar to the skin, which is formed of white lead and carmine. Three needles, sunk into a cork pad so that their points project, are then thrust into the skin, and their points from time to time dipped into the paint. In extensive spots we must proceed gradually, so as not to produce too great swelling. The most difficult part is the choice of color corresponding to that of the skin."

Varices, varicocele and piles close the volume. Chelius prefers the knife to the ligature in extirpating piles, but as we think on insufficient grounds. F. H. H,

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Summary, of and Observations upon, the Medical Practice of the New York Hospital, in the months of July, August, and September, 1847. By John H. Griscom, M. D. Attending Physician.

The number of patients treated during my term of attendance the present year, (July, August, and September,) I think is unprecedented in the annals of the Institution, For a greater portion of the time, every bed that could possibly be accommodated was occupied, and on several occasions many were obliged to be denied admittance.

Patients remaining, June 30, - - - - - - - -	194
" admitted in July, - - - - - - - - - -	185
" " " August, - - - - - - - -	208
" " " September, - - - - - - -	215
Total in the three months,	782

Patients discharged in July,	214	
" " " August,	218	
" " " September,	211	
	633	643
Remaining, October 1st,		139

Of the discharges in July, there were		In August,		In September	
Cured,	172	Cured,	173	Cured,	156
Relieved,	5	Relieved,	6	Relieved,	9
Transferred,	1	Disorderly,	5	Request,	13
Disorderly,	2	By Request,	4	Died,	31
By Request,	10	Died,	30	Eloped,	2
Died.	24				
	214		218		211
				Total,	643

There were, on an average, about 159 patients under treatment daily, for the term of 92 days; and the deaths from all causes, were 85, being less than one per day.

Typhus and Ship Fever.—The *Treatment* of this disease was based upon the idea of its proximate cause being *mainly* a vitiated, deficient and innutritious condition of the blood. I say *mainly*, because I have no particular theory as to the real nature of the disease, whether produced by a specific poison entering the system from without, as is maintained by some, or by a partial decomposition of the blood by others, or by a disorganization of the solids by a third party, etc. The most important point in my estimation to be considered, being its treatment, I have been disposed to look chiefly at its *remote causes*, and to endeavor to ascertain from a contemplation of them, what is required to overcome their effects.

The remote causes are two in number: 1st, an insufficiency of food, and 2d, the inhalation of a vitiated air. The first of these must necessarily produce an exhausted nutritive condition of the blood;—that fluid, under a protracted privation of nutriment, will not only be diminished in quantity, but its red globules, it is reasonable to suppose, will become deficient in number and in those properties which are believed necessary to the health of the organism. Both these consequences are aggravated and increased by the second cause; for in the atmosphere of the steerage of a passenger ship, crowded to the utmost limit of the law, there must necessarily, one may easily believe, be not only a deficiency of oxygen, but an actual presence of other gases, whose chemical action upon the blood cannot but be deleterious, depriving it still further of its healthy properties.

I may be told that this brief view of the causes and character of ship fever is insufficient to account for the *febrile symptoms*,—that there is nothing in starvation, or want of oxygen, or the presence deleterious gases, to produce *fever*. If any one who should raise this objection to the insufficiency of my position will tell us *what fever is*, I might then be able to discover a connection between it and the causes I have named. Until the *specific* nature of fever is demonstrated, it is in vain to argue about the nature of its causes, or to endeavor to trace the modus operandi of the influences which are supposed to produce it. But if we are to understand by fever, the frequent pulse, hot skin, thirst, ete., etc.,—then I answer, that ship fever, as it has been presented to us this year, is in very many instances, not a fever at all. Repeatedly have we seen patients brought from on ship board without a single symtom of fever , with pulse below the natural standard, skin moist and cool, fauces not dry, no thirst, and yet the body covered with petechiæ, the eye congested, the senses benumbed, and most of the other symptoms of the *Typhus condition*.

Confining our attention to this simple view of the causes of Ship Fever, we find little else to do than to counteract their effects.— The means for this are clearly indicated, and may be classed under three general heads.

1st. To maintain the continuity of the body, and sustain its nervous energy, by stimuli, until we are enabled

2d. To improve the quantity and character of the blood by appropriate nourishment; and

3d. To oxygenize the blood throughly by pure air.

For the first indication, after giving a warm bath, (an invariable rule where it could be borne,) the most powerful and direct stimulants were found necessary. Brandy and carbonate of ammonia constitute the main reliance ; and during my attendance I have been astonished to observe what enormous quantities of these remedies will be borne in this disease. As an instance, I may mention the case of a girl about 15 years of age, who took 5 pints of brandy every day for 5 days, and for two weeks longer from 2 to 3 pints daily. At the same time she was taking 10 grains of carb. ammonia every 15 minntes, amounting to two ounces in twenty four hours, besides soups and other nutriments. And all this without the least manifestation of excitement; or injury to the stomach, or bowels, such was the intensity of the disease. She was under this treatment nearly three weeks, before any very decided symtoms of improvement were manifested ;—unfortunately, before time elapsed to observe the ultimate result in this case, and just as she was beginning to feel the good effects of the treatment, the patient had to be discharged "relieved," being removed from the Hospital by her parents. Many other cases might be cited, in which it was necessary to continue, night and day, to ply these remedies unceasingly ;—a very short respite was frequently sufficient to put the patient back decidedly, and a vast number of the cures were undoubtedly due to the faithfulness with which these means were applied. Where the circulation was unusually languid, or the extremities were cold, sinapisms and artificial warmth were very valuable.

To answer the second indication, the patients were fed at frequent intervals with nutritious soups, arrow root, or gruel, with wine or brandy, milk punch, egg-nog, beef, chickens, etc., etc.

Upon the third indication, pure air, I may remark, that on several occasions the necessity for it was strongly marked. The pressure for admissions several times became so urgent, that the bounds of prudence were quite overstepped, as was indicated by the fact that in certain of the wards which were most crowded, and contained the worst cases, the recoveries became more protracted, and the relapses more frequent. It became necessary to close two of the wards in the north building, and to have them thoroughly cleansed and purified. After this operation, and upon confining the number of patients in them to a reasonable limit, a decided improvement was manifested in the rapidity of recoveries, and convalescence. The position of a patient's bed in a ward, was observed to have an influence over his treatment. In the corners of the rooms, the patients got along more slowly than in the central parts, or near the doors or windows;—and I frequently found that when a patient had been lying for several days, in a part of a ward most distant from the windows, and was not doing well, a removal of his bed right under a window would, in twenty-four hours, produce a decided change in the symptoms for the better.

Although this was the general course of treatment, it was frequently varied to suit the condition of the patient. Occasionally a case would present a degree of excitement, with hot and dry skin and thirst, which called for the spirit. Mindereri, ice in the mouth and to the head, and the mildest diet; sometimes gastric irritation with nausea would demand a mild emetic, such as an infusion of eupat. perfol. If the pain and heat in the head were marked, dry cups to the temples, or forehead, or blisters behind the ears, and application of ice, would generally be found sufficient. Pneumonic symptoms with cough frequently complicated the case; when these occurred, Stoke's expectorant, with dry cups, or vesication of the chest, formed the principal addition to the other treatment.

Sometimes there would occur such a combination of general prostration and external heat and dryness, as to indicate a combined stimulant and febrifuge treatment; such, for example, as the administration of carb. ammon; or a half ounce of brandy, alternately every hour or two hours, with a half ounce of spirit. Minder.; and so frequent and sudden were the changes, in many instances, from one condition to the other, an almost constant watching was necessary to withhold the one or the other, and again resume it. In fact, the varieties and shades of symptoms were almost infinite, and called for an endless variation in the means of relief. To enumerate them would take more time and space than could be reasonably asked. There were many cases, however, for which no other treatment was necessary than good diet and cold water. Cleanliness, pure air, and food, appeared all-sufficient for the removal of the disease, even in well-marked cases, not a particle of medicine being administered to them.

Local Complications.—A tendency to Erysipelas prevailed in some of the wards, during the whole of my attendance. No exact account has been rendered of the number of Typhus cases in which it occurred, but they probably amounted to about 20. It attacked the face and head in every instance. Its treatment did not vary from that required under ordinary circumstances, except so far as the Typhoid condition of the patient required. Cooling applications to the part affected, with internal stimulation, constituted the general course, with complete success in every instance but one, who died from the Typhus fever, his condition from the first having been desperate. One case will justify more detailed notice. It was that of a nurse, who contracted the fever from his patients; he recovered, and returned to duty; in two weeks he had a relapse, from which he recovered slowly, and soon after getting to duty again, had a second relapse accompanied with Erysipelas in the face and head. The frequent attacks of the fever had so reduced him, that now, with the Erysipelatous complication, it seemed almost in vain to prescribe for him, especially, when in a few days the most serious symptom of all occurred, viz: great heat of head and evident congestion of the brain, attended with delirium and total unconsciousness. His eyes were entirely closed by the swelling of the integuments, the tongue was dry and black, the pulse frequent and feeble. A more hopeless combination of circumstances could hardly be imagined. Depletion, even local, from the head, was totally forbidden by the prostration; and stimulation by brandy, and carb. ammon., while contributing to sustain the general strength, seemed to add to the difficulty in the head. In this posture I resolved upon the exhibition of a remedy, which I am not aware has been before tried under similar circumstances. He was directed to have *five grains of Hydriodate of Potassa, every hour.* The effect of this (supposing the "post hoc" to be the "propter hoc") was magical, for in 24 hours there was a decided diminution of the cerebral congestion, and the patient rapidly recovered. The remembrance of the efficacy of this remedy as a deobstruent in certain conditions of the brain in children, especially in Hydrocephalus, both the true and simulated form, induced the hope of a similar usefulness from it in the case I have mentioned. Further observations, it is hoped, will test its efficacy in the same condition of the adult brain.

Dysentery was also a frequent complication of the fever, and a majority of the deaths which occurred in the latter part of my service, were produced by it. The force of the disorder fell so frequently upon the intestinal canal, as to assume an endemic character in the month of September; and the occurrence of this complication, accompanied as it generally was by purulent and bloody stools, was justly dreaded.

Some of the cases which, at the outset, threatened most seriously, yielded to treatment; but it would seem, judging from the post-mortem appearances, and the rapidity with which the patients sank, that the disorganization must, in many cases, have proceeded to an incurable degree before our attention was called to it by the patient. This was chiefly owing to the anomalous fact, that, in even some of the severest forms of the dysentery, there was little or no pain evinced.

The degree of disorganization of the mucous coat, in those cases which were post-mortemed, was most extraordinary, surpassing, in many instances, anything before within my experience. In some cases not a trace of healthy mucus membrane was discernible in the large intestine, from the ilio-cœcal valve to the anus; but from every point blood and mucus or pus appeared to have been discharged, clearly demonstrating the utter incurability of the disease. Copious deposits of lymph-like matter were seen, forming *bas-relief* patches, and giving the idea, without close observation, of ulceration at the intermediate points. In one particularly-severe case, the untire mucus coat of the colon bore a resemblance to the rough bark of a tree, the elevations of the new deposits were so great and uneven. The color in this case was greenish.

When this complication was diagnosed sufficiently early, the administration of Tannin, and nit. argent., both by mouth and enemata, opiates, blisters and bland diet, frequently diminished the force of the disease, and sometimes with a successful issue; but the imposibility of direct applications to the ulcerated surfaces, and the necessity of dependence on general treatment for a local disease, placed this disorder among the most dreaded.

When *Diarrhœa* formed the principle complication, the great sheet anchor was opium. This rarely failed to keep it in check, if administered to a sufficient extent. It was sometimes prescribed in conjunction with tannin, one to three grains of the latter, from three to twelve times a day, or with nitrate of silver, ¼ to ½ a grain every 2, 4, or 6 hours, according to the severity of the symptom; but generally opium alone was found sufficient, while it seemed to have a happy effect, also, upon the febrile symptoms. Held in abeyance by the opium, the diarrhœa, as the general disease abated, and the strength improved, would gradually disappear.

One case of typhus was complicated with pregnancy of about four months. The patient aborted, but the uterus had not sufficient power to expel the secundines. No hæmorrhage ensuing, and the patient being too much prostrated to endure any direct treatment for their removal, they were left, and were retained five days, when they were spontaneously expelled, and the patient recovered in the ordinary time.

Delirium, which was a frequent complication, was usually controlled by cups or blisters to the temporal and mastoid regions, and by the exhibition of morphine or Dover's powder. Large doses of these sedatives were borne with entire impunity, and the most happy effects. In two cases, (young females,) the mind continued to be disturbed so long after recovery, as to give rise to apprehensions of confirmed insanity, but they happily recovered perfectly.

There were several other complications, such as jaundice, laryngitis, &c., but being only insolated cases, require no special notice.

The following tables, prepared from the books, exhibit the results of the treatment of typhus:—

Cases remaining	June 30th	134
Admitted	July	100
"	August	126
"	September	107
Whole number cases of typhus in three months,		468

Of these there were discharged

	Cured	Relieved	Disorderly	Request	Died
In July,	128	1	1	2	14
In August,	108			3	13
In September,	94			1	19
	330	1	1	6	46

Whole No. cases typhus discharged,	384
" " " remaining, Oct. 1st.	83
Per centage of cures,	85.93
" " relief,	2.10
" " deaths,	11.97

In a considerable number of instances, however, in which the result was fatal, death was attributable not directly to typhus fever, but to some other disease, which made its onset in the enfeebled state of the patient during convalescence; so that the ratio of deaths from typhus alone would be materially less, amounting to perhaps 8 or 9 per cent.

Especially was this the case, as already stated, in September, when dysentery prevailed endemically, and was the immediate cause of death in many cases of typhus, but in which the fatal result is assigned to the credit of the latter disease, on the books. One of the deaths recorded as by typhus entered the Hospital with a *fifth attack of delirium tremens*, from which he recovered, but before being discharged, being subjected to the prevailing infection, he gradually sank, though with hardly sufficient character of typhus to be added to that list. There are probably very few persons capable of surviving five severe attacks of mania a potu.

The whole number of *Autopsies* in the three months (of typhus) was		10
The head was the principal part affected in	1	
The chest	1	
The head and abdomen both	6	
Nothing special was found in	2	
		10
Peyer's plates were prominent in	4	
" " ulcerated in	2	
	6	

In every case where the bowels were affected in either of the ways specified, the membranes of the brain were congested, or there was free serous effusion, or both.

In one case in which the plates of Peyer were prominent, they were enormously large—some of them, near the end of the ilium, exceeding 6 inches in length.

There were two other autopsies of persons who had been entered as cases of Feb. Remit., but the description of which leaves room to doubt whether they had not the typhus infection. In one, the membranes of the brain were congested, and there was bloody effusion. In the other, there was effusion of the cranium, and the liver was enlarged, congested and bronze.

Dropsy. Six cases of this disease were under treatment: three of them were the result of granulated kidney or albuminaria, one was ovarian, one was produced by disease of the liver, and in the other the cause was uncertain.

Of the albuminous cases, one, an elderly woman and a chronic case, died a few days after admission, being overwhelmed with the effusion; one was discharged cured, and the third was left under treatment, very much improved, and in a fair way to recover entirely. The treatment in these successful cases consisted in the administration of hydrogogues for the direct removal of the fluid, and of bi. chlor. of mercury for the original disease. The latter was given in doses from 1-15 to 1-4 grain ter die, in solution in tincture of bark one drachm. Under a steady exhibition of this, the albuminous desposit of the urine disappeared entirely in one case, and was considerably dimininished in the other. In the latter of these albuminous cases, and also in the hepatic cases, the hydropic effusion was so great as to demand attention to its immediate diminution, for the relief of the respiration and circulation of the patients, before proceeding to the radical treatment. Desirous of avoiding all necessity of paracentesis if possible, it was determined to make a fair exhibition of *elaterium.* It was given in both cases, and with the most happy results. The third of a grain in the hepatic case produced from thirty to forty stools, reducing the size of the abdomen in one night one half, and according to the patient's account, without any irritation worth speaking of, except on one occasion when he took two doses, contrary to orders, a few hours in succession. This patient took in all nearly 7 grains, and was fairly enamored with the "little pills." The albuminous case took 13 pills of ¼ grain each, with an equally happy result; and being very soon put on the use of the bi chloride and tincture bark, the anasarca was kept down, he was left greatly improved.

Dysentery. Eighteen cases of this affection in its acute form were received; of these two came in July, six in August, and ten in September, showing the greater prevalence of the disease in the latter part of my attendance, as has been once before stated in reference to its influence over the mortality of the ship fever. One case deserves particular notice, in consequence of the exceedingly rapid and extensive disorganization of the mucus coat of the colon. The patient was an English army officer, said to be here in some official capacity, who was attacked at his hotel with bloody stools. After a sickness of a few days, during which he kept his bed but a very short time, he was removed to the Hospital, where he entered on Saturday evening, and died early on the following Monday morning, having been in about thirty six hours only. As related by Dr. Washburn, the Resident Physician, the only symptom of moment, was discharges of bright red blood in great profusion, which were entirely uncontrollable. The autopsy, the only part of the case which came under my personal observation, presented the most extraordinary appearance. The disease was confined to the colon, the inner coat of which, in its whole extent, was of a brilliant red color, with profuse lymph-like exudation upon its surface. No other evidences of disease were lound. This case presented a type of the then prevailing disorder, characterised by rofound enteric disorganization with less thau usual pain and fever. Of acute *diarrhœa* there were twenty-four cases admitted, ten of which were in each of the months of July and August, and only four in September, thus far displaying an inverse prevalence to that of dysentery. As the latter increased, the former decreased. In this respect as well as in its progress rnd cadaveric appearances, there was evidently a specific cause producing this form of dysentery, its influence extending over other diseases also, and greatly modifying them.

The only other case worthy of special notice was one of gangrene of the lung, left side. The amount of gangrenons matter expectorated was not great, but seemed very decided in character; the disease was accompanied with much fever and pain. Blisters, preceded by local depletion, Stoke's expectorant, Dover's powder, and as a specific, drachm doses of a strong solution of chlorine constituted the principal treatment, under which and a moderately stimulating diet, recovery gradually progressed.—*New-York Jour of Medicine.*

Application of the Nitrate of Silver to the Larynx in Croup.—Read before the Boston Society for Medical Improvement, by Charles E. Ware, M. D., and communicated for the Boston Medical and Surgical Journal.

The very great mortality which attends membranous croup, makes every case of recovery interesting, and the treatment, when it has been consistent and effecient, instructive. Although we frequently hear well-informed practitioners talk flippantly of their success in the management of croup, yet every one who is in the habit of discriminating between the two forms of the disease, knows with what a sinking heart and faltering hand he undertakes the treatment of the one, and with what comparative confidence he deals with the other.

Within the last two or three years, the system of steaming by the inhalation of hot vapors of herbs of various kinds, has been tried pretty extensively in this neighborhood, and I should think, from the number of successful cases reported before this Society, with encouraging success. One great and most serious objection, however, to this treatment, supposing its value established, is in many cases the impossibility, and in all the extreme difficulty, of applying the remedy effectually, with any apparatus which has yet been devised, and ingenuity in and out of the profession has not been idle in contriving. This obstacle in the way of the treatment which would seem to present the most promise, together with some apparent success in the applications of the nitrate of silver to acute inflammation of the tonsils both in children and adults, and the facility with which the nitrate of silver may be applied to the larynx with but trifling irritation in the adult, led me lately to try the application of it to the larynx of a child 5 years old, laboring under unequivocal membranous croup.

I was called to this patient, a boy 5 years old, Saturday, November 20th. The mother said that he began to breathe hard just a week previous, but as he had been subject to attacks of spasmodic croup, in several of which I had attended him, and usually found ready relief, she felt no great anxiety, especially as there was less constitutional affection than he had had in former attacks. His tonsils, also, had been for a year or more somewhat enlarged, and often gave a huskiness to his respiration and voice. On Tuesday he began to cough, and evinced other signs of a cold. These symptoms continued, he played about, and having appetite, without anything very characteristic, till Friday afternoon, when the cough began to have a ringing tone, and the respiration to be very labored. I was not called to him till the next afternoon. Then there was the characteristic breathing of croup well marked. It had become sufficiently distressing to occasion great restlessness and jactitation, but was not accompanied by much febrile excitement, nor, as yet prostration. The general expression of the child was good. On examining the fauces, they appeared red, and the tonsils presented distinct patches of lymph. On the backs there was an almost entire absence of respiratory sound, and no rales whatsoever. The breathing and cough were both dry, with very little rale in the trachea.

He was ordered strong mercurial ointment and a fomentation to neck, and pills of Dover's powder and blue pill once in four hours, and a syrup with opium and ipecac. at intervals between. Under the influence of the opium he got more sleep than during the previous twenty-four hours, but in the morning was no better, nor essentially different.

I now commenced the application of the nitrate of silver to the larynx, using a solution of the strength of a drachm to the ounce, and applying it with one of Dr. Green's whale-bone staffs. I applied it twice in the course of the first day. The child the first time resisted violently, and I was obliged to use much force. But after having been persuaded once to submit quietly, the operation occasioned so little irritation that he never afterwards made the least objection to it, but allowed me to perform it as effectually as I could have done upon a grown person. The first applications were followed by so much excitement that it was difficult to see what was the immediate effect. But afterwards, when he was more tranquil during the operation, it was obvious that it produced an increased dryness of the cough and respiration, without immediate relief or aggravation of the labor in breathing. In the course of the day he raised twice considerable pieces of membrane, very well marked, and stained with blood, together with a great deal of very thick, tenacious mucus, which was also occasionally strained with blood. After the discharge of the false membrane, the breathing became much easier, and was never as labored as it had been before.

The next day, Monday, the respiration, although improved, was still very laborious. There was yet great deficiency of respiratory sound in the backs, and absence of rales. After the application of the caustic, which was applied twice this day, the fauces appeared red, but there was no lymph visible. From this time the amendment, slthough slight, from day to day, was constant, till Friday, the 26th. No lymph was seen upon the tonsils. The caustic was applied once a-day. Friday night, the breathing was more labored than the night before, and Saturday morning I again saw lymph on the tonsils. Through Saturday and Sunday, however, he continued to improve, and Sunday evening uttered the first loud word which he had been able to speak since I had seen him. The caustic was now omitted, as well as all his medicines. His appetite, which had never entirely disappeared, became more urgent, and he was allowed to eat freely. Indeed his diet had been liberal throughout. The respiratory sound gradually returned to the backs, but continued, as it had done throughout, free from rales. The voice continues to improve, but still retains a huskiness. The caustic was applied twice the two first days; afterwards but once a-day, the sponge never being introduced more than once at the same visit.

This is a case of croup in which the disease was obviously limited to the trachea, if not to the larynx, and in this respect was as favorable for the application of the peculiar treatment as it could be. In the majority of cases, from my own observation, the disease extends more or less into the lungs. Of five *post-mortems* which I have made, in one case disease was limited to the larynx and upper part of the trachea. In the other four it extended far into the lungs, in one producing chronic pneumonia, of which the child died after recovering from the croup. In such cases one would not expect much from the treatment, since the application could only be made on a very small extent of the diseased surface. It is as yet, however, not very well understood preciselv where the obstruction takes place, which occasions the death in croup. It is probable that it varies greatly in different cases. I have seen once or twice, in *post-mortem* examinations, the trachea and larynx so thinly coated, and to such a limited extent, that it seemed impossible that it should not have been sufficiently free for respiration, while the large bronchi of the lungs on both sides were almost entirely obstructed by thick tenacious mucus. In such cases the source of death is probably obstruction of the bronchi. But from the great relief which is almost always given by the rejection of pieces of false membrane, and from the frequency of its occurrence (indeed, since attention has been drawn to the point, I think there are few cases occur in which it is not observed,) it is probable that the cause of death in generally in the trachea, and most frequently at the upper part, or in the larynx. The latter fact would be indicated by the most universal, if not universal, temporary relief which the operation of tracheotomy gives in these cases. If this part, then, could be kept free, the chances would be greatly increased of the child's being able to struggle against the disease.

The cases in which I have applied the nitrate, or seen it applied, to inflammatory affections of patients in which there was a tendency to this deposit upon the mucous membrane, have been as yet few, but it has certainly appeared that the application had much efficiency in keeping the membrane clear.

This is one case of recovery. My own observation would furnish nothing more in favor of any other treatment. Of fourteen cases of croup which I have either attended myself or seen during their course, four have recovered. In one of the cases of recovery, there was no treatment, The child was so violent that nothing could be done. The disease was left literally to its natural course. In the second case the treatment was essentially opiate. In the third case, the steaming was applied more efficiently than I have ever seen it in any other case. The fourth case was the present. An interesting point in this case was the speedy recovery of the voice. The child spoke loud at the end of the week after the treatment commenced. In all other cases of recovery which I have known, the absence of voice has continued for many weeks; five or six has, I think been the shortest limit.

The case is valuable, also, as showing that a sponge saturated with so strong a solution of nitrate of silver, can be introduced into the larynx of a child not only with safety, but, after the first application, with so little inconvenience.*

BOSTON, Dec. 16, 1847.

The Curability of Insanity; as Illustrated by the Records of the Bloomingdale Asylum for the Insane. By Pliny Earle, M. D.

It appears that, from the time of the opening of the Asylum, June 16th, 1821, to December 31st, 1844, one thousand eight hundred and forty-one insane persons were received as patients.

The table subjoined exhibits the condition of those who had been discharged, and the numbers still remaining in the Asylum.

	MALES.	FEMALES.	TOTAL.
Cured, - - - - - -	408	264	672
Much improved, - - - -	58	46	104
Improved, - - - - - -	176	142	318
Relieved, - - - - - -	6	1	7
Unimproved, - - - - -	2	1	3
Discharged by request of friends, mostly unimproved, - -	222	179	401
Eloped, condition not stated, - -	26	4	30
Died, - - - - - -	148	79	227
Whole number discharged, - -	1046	716	1762
Remain, - - - - - -	44	35	79
Whole number admitted, - -	1090	751	1841

One thousand seven hundred and sixty-two patients were discharged, of whom one thousand and forty six were men, and seven hundred and sixteen women. Of these, four hundred and eight men and two hundred and sixty-four women were cured. making a total of six hundred and seventy-two.

There were forty-two of the foregoing patients, twenty-three of whom were men and nineteen women, who after a short residence in the Institution, were discharged as follows:—

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*Since reading the above case, an article by Dr. Blakeman, of New York, in the American Retrospect, has been pointed out to me, according to which he has employed this same treatment with success.

Much improved, ...	9
Improved, ...	16
Relieved, ...	1
Discharged by request of friends. . .	14
Eloped.	2

but after a brief absence, were re-admitted, and finally discharged cured. These cases should, most unquestionably, be added to the cures in the foregoing table.

It is now (August, 1847,) upwards of two years and a half since the close of the period embraced by these statistics. At that time, as will be perceived by the table, there remained in the Institution seventy-nine patients, who were here on their first admission. A large proportion of these were old, incurable cases, which had been in the Asylum for many years.

A sufficient time has now elapsed to test the curability of the few whose disease was of a more recent date. The subjoined list exhibits the present condition of the seventy-nine patients in question:—

	MALES.	FEMALES.	TOTAL,
Discharged, cured, - - - -	4	6	10
" much improved, -	0	3	3
" improved, - -	8	3	11
" unimproved, - -	7	8	15
Died, - - - - - -	4	3	7
Remaining, all incurable, - -	21	12	33

The results in this table should also be added to the foregoing.

It is not unfrequently the case, that a patient who is progressing towards recovery is, through the anxiety of friends, prematurely removed, before a cure has been established. Eighteen cases of this kind, of which thirteen were discharged much improved, four improved, and one by the request of friends, the condition not stated, are known to have perfectly recovered soon after leaving. It is probable that there may have been more.

Our object being to ascertain, as nearly as possible, the curability of Insanity, it is very apparent that these cures, also, should be included in the original list. Indeed, it is but justice to the Institution that they should be included, inasmuch as, if they were cured by any system of treatment, it was that which was pursued here.

After these explanations, it appears that the cures were as follows:

	MALES.	FEMALES.	TOTAL.
Discharged cured previously to December 31st, 1844, - - - -	408	264	672
" cured subsequently, - -	4	6	10
" not cured on first admission, but cured on re-admission, -	23	19	42
Known to have recovered after discharge, - - - - - -	6	12	18
Aggregate, -	441	301	742

As all the foregoing cases which remain in the Institution are believed to be incurable, and as those who were discharged not cured have become widely scattered, and mostly lost sight of, it is probably that this table exhibits all, or very nearly all, who will ever be known to have been cured. This makes the per cent. of cures on all admissions 40.30. On the men it was 40.46, on the women 40.80.

Some authors believe that, of the insane, females are more curable than males. In these cases, however, as will be perceived, the comparative curability of the two sexes is somewhat in favor of the men.

It would hardly be justifiable to leave the subject of cures, without referring to a cause which has operated unfavorably upon the curability of the patients, taken as a whole, that have been received into this Institution. When the Asylum was first opened, fifty-two were transferred to it from the old Asylum. A great majority of these were chronic and incurable cases, which had been accumulating in that Asylum for many years. This fact will become evident if illustrated by the history of those cases, subsequent to their admission into this Institution, which is as follows:—

	MALES.	FEMALES.	TOTAL.
The whole number was, - - - -	32	20	52
Discharged cured, - - - - -	4	0	4
" much improved, - -	1	0	1
" improved, - - -	2	3	5
" by request of frienes, mostly unimproved, - - - - -	17	10	27
Eloped, condition not stated, - -	0	1	1
Died, - - - - - - - -	2	4	5
Remaining, Dec. 31st, 1844, - -	6	3	9
Total, - - - - -	32	20	52

Thus it appears that only four of these cases were cured. This is equivalent to but 7.7 per cent.

The condition of the patients who were received from the Almshouse, in considerable numbers at a time, was very similar to those who were brought from the old Asylum. In the several transfers of patients which took place between the Almshouse and this Institution, several were brought here more than once. The whole number of first admissions was sixty-six, of whom twenty-nine were men and thirty seven women. Of these, only four men and twelve, a total of sixteen, were cured; and of all that were re-admitted, a recovery did not take place in a single case. Hence we have

	MALES.	FEMALES.	TOTAL.
Admitted from old Asylum, - -	32	20	52
Admitted from Almshouse, - -	29	37	66
Total, - -	51	57	118
Of all these there were cured but -	8	12	20

Now, substracting these cases from the whole number of admissions, and their cures from the whole number of cures,

We have the per cent. of cures in	men, -	42.08
Do.	women, -	41.64
Do.	both sexes,	41.90

Physicians to Institutions for the Insane are frequently questioned in reference to the time necessary to effect a restoration in cases of insanity. The following table shows the term of residence in the Asylum of all the patients who were discharged cured:—

	MALES.	FEMALES.	TOTAL.
Less than one month, - -	4	31	76
From one to two months, - -	5	37	113
From two to three months, -	76	41	107
From three to four months, -	66	41	102
From four to five months, - -	61	25	54
From five to six months, - -	25	20	45
From six to seven months, -	29	17	46
From seven to eight months, -	10	12	22
From eight to nine months, -	8	6	14
From nine to ten months, - -	13	5	18
From ten to eleven months, -	5	7	12
From eleven to twelve months, -	11	4	15
From one to two years, - -	23	12	35
Upwards of two years, - -	7	6	13

The whole number who were in the Asylum less than three months each is two hundred and ninety-six. This is equivalent to forty-four in every hundred that were cured. The whole number from three to six months is two hundred and one, or thirty in every hundred. The whole number from six to twelve months is one hundred and twenty-seven, nearly nineteen in every hundred.

The whole number who were here upwards of one year each is forty-eight, or seven in every hundred.

The mean or average term of residence in the Asylum was, for the men, four months and twenty-seven days, and for the women five months and twenty-six days.

Setting aside the thirteen cases in which the persons were here more than two years each, the average time will be, for men four months and ten days, and for women, four months and twenty-five days.

The mean or average time of residence of both sexes inclusive is five months and eight days. Excluding the thirteen cases before mentioned, it is four months and sixteen days.

Many people who take their friends to an institution of this kind, appear to be impressed with the idea, that, if restoration be possible it can be effected in a few days, as if it were an ordinary fever. But insanity, particularly if reference be had to those cases alone which are sufficiently prolonged to induce their friends to remove them to an Asylum, is essentially a chronic disease, and even under the most skilful management, requires a considerable time for its removal, and the establishment of mental health. Were it possible always to induce the friends and guardians of patients to leave them at the Asylum a sufficient time, fully and satisfactorily to test their curability for the restorative means here employed, the recoveries would unquestionably be augmented, and that to no inconsiderable extent. At the Retreat, near York, England, where every patient is retained, if not cured, until all curative resources are exhausted, it is stated by the officers of that institution, that thirty-five per cent. of all the recoveries do not take place until the patients have been in the Asylum more than a year.—*New-York Annalist.*

On the effects of Bloodletting on the Young Subject. By John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence, in the College of Physicians and Surgeons of N. Y.

There is no subject, perhaps, so deeply interesting to the practical Physician, as the Effects of Bloodletting on the human system, and the various uses to which it may be applied in the management of disease. In promptness and power, it exceeds all other agents, and its capacity for doing good or harm is proportionally great. It is resorted to, also, at every period of life, and by some it is even prescribed with equal, if not more freedom in children than in adults. It becomes, then, a question of the greatest moment to determine, if possible, whether the age of the patient has any influence in modifying its effects. And this is the subject upon which I propose to make a few remarks.

That the youngest child can sustain the loss of blood within certain limits, as well as the adult, is manifest from a variety of facts. Thus children are sometimes born in a state of asphyxia from apoplexy. On dividing the cord and letting a moderate quantity of blood, respiration is established, and every thing does well. Again, not unfrequently from not applying the ligature sufficiently tight around the cord, or from the cord contracting and thus loosening the ligature, hæmorrhage takes place, and yet no injurious consequences result. Besides this, we know that in cases of disease, the youngest children may be bled, not merely without injury, but with advantage. When, however, the loss of blood is carried beyond these limits, important peculiarities are observed, showing a difference in the effects produced in the young subject, from those in the adult.

The first peculiarity is, that the young subject does not bear the loss of considerable quantities of blood, so well as the adult. I am not aware that children fall into a state of syncope from the loss of blood more readily than adults; but when syncope does come on, it is very certain that they do not recover from it so readily, and they are always in more or less danger. In the adult, syncope from the loss of blood, unless the quantity be very large, is a state which, as a general rule, is attended with little or no danger, and from which the patient speedily recovers. Hence it is that physicians are continually in the habit of inducing it in the management of certain forms of disease, and not merely with impunity, but with evident advantage. In the young subject it is not so, and it is a state always attended with hazard. If the child recover from it, it does so very slowly, and every now and then it sinks irretrievably under its influence. That this is a fact, is confirmed by abundant testimony, on the part of those who have taken the trouble to make observations. Dr. Marshall Hall, in speaking on this subject, says, "In infancy, the stateof syncope (from the loss of blood) is a state of danger."* Evansell and Maunsell remark, "As a general rule, it is well to stop the flow of blood when decided pallor takes place, without waiting for actual fainting, from which children do not quickly recover."† Armstrong says, "Do not bleed to actual syncope in children, as they are apt to fall into convulsions, of which they may die. Children do not recruit from very large bleedings like adults."‡ Dr. Ryan observes, "The abstraction of blood in cases of infants and children until fainting occurs, is the worst practice that can be imagined, as convulsions or death may be produced."§ Indeed, the general fact admits of no question; and the reason is obvious enough, if we reflect for a moment upon the nature of the agent, and at the same time compare it with the susceptibility of the subject. Carried to the point of syncope, bloodletting is one of the most direct, speedy, and profound sedatives that we have in our possession. In a few moments, it reduces the subject from a state of perfect health or the high excitement of disease, to the state of temporary death. Now it is very evident that the capability of recovering from such a state, must be just in proportion to the powers of the constitution. From the very nature of its organization, therefore, it is obvious that the system of the child cannot sustain so well as the adult a shock so sudden and powerful as this.

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* Researches on the Morbid and Curative Effects of the Lass of Blood, by M. Hall. M. D., p. 87.

† on the Management of Diseases of Children, p. 107.

‡ Lectures, &c., by John Armstrong, M. D., p. 387.

§ Manual of Midwifery, by M. Ryan, M. D., p. 475.

The second peculiarity attending the loss of blood in the young subject, is, that the nervous system is more powerfully affected than in the adult. The evidence of this is, that convulsions and coma more frequently occur after the loss of blood in children, than in adults. In the adult, both of these occurrences sometimes take place, more especially convulsions. Thus, for example, puerperal hæmorrhage is not unfrequently followed by them. I have witnessed the same thing in a gentleman of irritable habit, who had been bled too largely from the arm. He had lost about a quart of blood, when incipient syncope came on, followed immediately by a violent convulsion. In children, however, these occurrences are much more common; and the reason, no doubt, is the greater predominance, as well as impressibility of the nervous system. A great variety of causes, we know, will induce convulsions in a child, and among these, exhaustion is a very common one. With regard to coma, too, this may be brought on in children by any debilitating cause. A striking illustration of this we see now and then in diarrhœa, which has been continued too long. In these cases, the brain becomes suddenly affected, and a state of stupor or coma is induced, which not unfrequently is mistaken for Hydrocephalus. The same thing occurs from the loss of too much blood.

The third peculiarity is, that the repetition of bloodletting is not so well borne by the child as the adult. A child of good constitution and ordinary strength, may bear a first bleeding, perhaps quite as well as an adult. Under particular circumstances, too, of disease, a second may be borne dery well. Beyond this, as a general rule, it will be found, I think, that the child cannot well sustain the loss of blood. On this point, I believe, there is little or no difference of opinion among men of judgment and observation. Dr. John Clarke says, "Very young children bear very well the loss of blood even to fainting, once or twice, but they ill bear a more frequent repetition of bleeding. Their powers sink under it, and by no art can it be replaced."* Marshall Hall says, "In infancy, a second or third bloodletting is borne with difficulty."† Evanson and Maunsell say, "Repetitions of bloodletting are not well borne by the child."‡

The fourth peculiarity is, that the effects of local bloodletting, especially leeching, are different upon the child, from what they are upon the adult. In the adult the effect of leeching is in a great measure local, and it is not usually resorted to until after general bloodletting is considered inadmissible. In a child, on the contrary, it produces very much the same effect as a general bleeding. From the greater vascularity of the skin, too, the amount of blood lost by a leech, applied to a young subject, is much greater than in the adult, and it is frequently much more difficult to arrest the hæmorrhage from it. The general effect, then, of leeching, on the young subject, is much greater than upon the adult. Hence it is that cases are so frequently, in which children die from leeching. Of this we have numerous cases on record. Dr. Christison says, "I have twice known children bled to death in Hospital practice, the nurse having labored under a common prejudice among their craft, that leech-bites cannot bleed to much."* Pereira states, that "in two cases of infants, I have seen exhaustion with insufficient reaction, consequent on hæmorrhage after a leech-bite, terminate fatally."† Ryan says, "The loss of blood from a single leech-bite has caused the death of a child."‡

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* Commentaries on the Diseases of Children, p. 103.

† Researches on the Loss of Blood, p. 87.

‡ On the Diseases of Children, p. 108.

From the foregoing, then, it would seem, that although a child may bear the loss of certain quantities of blood, perhaps quite as well as the adult, when carried beyond this, they do not bear it so well, nor do they bear the repeated and continued loss of blood so well; and under these circumstances, dangerous and even fatal consequences are apt to ensue. In other words, bloodletting is an agent which operates with more power, and is attended with more danger in the child than in the adult.

If all this be so, then some conclusions may be drawn with regard to the practical application of this agent, which, to the young practitioner at least, may be of some importance.

1. Great caution should be exercised in bleeding children to the point of syncope. If the state of syncope be attended with the danger already alluded to, it is very certain that nothing can justify us in producing it, unless it be determined that it is essential to the management and cure of the case. Now, that in most cases, even of decided inflammation, it is not necessary to carry bloodletting to this extent, is very certain. We know that it is not so in the adult, and it evidently cannot be so in the child. As a general rule therefore, it cannot be required. By some high authorities, however, it is supposed that under certain conditions of diseased action, the safety of the patient depends upon the production of syncope. Thus, for example, in croup, bleeding ad deliquium has been insisted upon by the late Dr, Bayley of New-York,§ Dr. Dick of Alexandria,‖ and Dr, Ferriar of Manchester. The latter especially speaks of it, as "the essential point of the cure, without which no relief can be effected."¶ If in any disease the practice be justifiable, it certainly is in this, and it cannot be denied, that in a great number of instances, it has been resorted to with safety. Notwithstanding this, general experience has abundantly established the

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* Dispensatory, p. 492.

† Materia Medica, Vol. II., p. 769.

‡ Manual of Midwifery, p. 475.

§ New York Medical Repository, vol. 12, p. 331.

‖ Barton's Med. and Phys. Jour,

¶ Medical Histories and Reflections, by John Ferriar, M. D., p. 371. American Edition.

fact, that even here it is not necessary, and that all the beneficially sedative effects of the remedy may be obtained, without going to this extent. On this point there appears to be, at the present time a pretty general concurrence of opinion among enlightened practitioners, and the rule of practice ought to be, *never* in any case to bleed to syncope, but to stop as soon as paleness of the lips and cheeks comes on. In this way, all the good of bloodletting is secured, while the risks of syncope are avoided.

2. To determine the precise amount of blood proper to be drawn is a matter of much greater nicety, and involves more serious consequences in the child, than in the adult. In the adult, the loss of a little more blood than is necessary, as a general rule, is a matter of no very great consequence. In the child on the contrary, it may prove fatal. In the adult, too, we have means of judging how far it ought to be carried, which we have not in the child. Thus, for example, the pulse, which in the adult is so valuable a guide in these cases, cannot be depended upon at all in the child. It is always, therefore, a very nice and difficult problem in practical medicine, how to adjust properly in a child the amount of blood necessary to be drawn, to the exact wants of the case. Now there are only two ways in which this can be done.* The first is, by fixing upon a certain amount as suitable to different ages. The second is, to judge by the actual effects produced at the time of taking the blood.

With regard to the first of these modes, it is evident that it must be a very unsatisfactory guide, if we recollect that no two constitutions are precisely alike, and that there is every difference in the capacity of different systems, even in the same disease, to bear the loss of blood. Then, again, the same disease exists in different degrees of violence, and of course requirs a modification in the amount of depletion. Besides all this, different diseases do not require and cannot tolerate the same loss of blood. A general standard, then, founded upon the age of the patient, is really good for nothing, except as a mere approximation. In individual cases it must be inapplicable. Hence it is, that all those standards laid down by authors differ so much from one another, and must necessarily do so. If blood be taken by leeches, the difficulty is still further increased, from the circumstance that the desired quantity can hardly ever be obtained with any degree of precision: if it is so, it is purely by accident. That this must be so is evident, if we recollect the variable quntaties of blood drawn by the leeches themselves, and more especially the greater differences in the after-bleedings.

It is not yet settled, I believe, exactly how much blood a leech will draw. Christison says, "Twice as much blood may be usually drawn by fomentations, as by the suction of the leech. A single leech, when applied successfully, may thus be held to draw, from first to last, *about half an ounce of blood on an average.*"[*] According to Evanson and Maunsell, "the quantity of blood obtained by a good leech, allowed to bleed for half an hour, may be estimated *at one ounce.*"[†] Mr. Pereira says, "I believe *four drachms* to be the maximum. On an average, I do not think we ought to estimate it at more than *a drachm and a half;*"[‡] i. e., the quantity taken by the leech itself, without reference to the after-bleeding. Now the fact is, it is impossible to specify the amount of blood drawn, either by the leech itself or in consequence of the subsequent bleedings. Leeches differ in their size very greatly. and there must, of course, be a great difference in the quantity of blood they are capable of taking. Then, again, there is every difference in the after-bleedings, depending on the vascularity of the skin, the part of the body to which they are applied, and various other circumstances. From all this, it is evident how unsafe it must be to draw blood from a child, according to any average standard.

With regard to the second mode, that of judging of the extent to which it should be carried by the effects produced at the time: in many cases this answers exceedingly well. In inflammatory complaints, where the full effect of the loss of blood may be necessary, the rule can be satisfactorily applied, and the best plan is to bleed in the erect posture, until pallor of the face comes on, without producing actual syncope. In the adult, according to Marshall Hall, the production of actual syncope constitutes the criterion as to the exact amount which the case requires, as well as of the capacity of the system to bear the loss of blood, and therefore he recommends this as the rule for the due administration of the remedy. Now, that this will not answer, must be obvious to every one. Every practitioner knows that cases are continually occurring. in which actual syncope comes on after the loss of a few ounces of blood, when large quantities are afterwards required to be drawn. In children, of course, the rule cannot be applicable. In them, the loss of so much blood as to bring on only approaching syncope might not only be unnecessary, but be attended with danger. From all this, then, it would appear that we are not in possession of any precise mode of determining how much blood ought in all cases to be taken in children; and this shows the necessity of great caution and the exercise of sound judgment, in the use of the remedy.

3. From the uncertainty in estimating the quantity of blood lost by leeches, and the dangers attending the loss of two much from them in children, too great caution cannot be exercised in their use. From the manner in which leeches are ordered by some physicians in the diseases of children, one would be led to suppose that no harm could ever result from them. From the ease, too, with which they may be prescribed, and the appearance ofenergy which

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[*] Dispensatory, p. 462.

[†] Practical Treatise on on Children, &c., p. 106.

[‡] Materia Medica, vol. 2. p. 769.

it gives to the practitioner, it is be feared that not unfrequently they are used without being actually necessary, and even when necessary, they are suffered to draw blood without sufficient regard to the quantity which may be be lost. Now it should always be recollected, as already stated, that leeches operate differently on the child from what they do on the adult. In the latter, they are in a great measure local in their action, and may be, and generally are used, when general bleedly is contra-indicated. In the child. on the contrary, they act in the same way as general bleeding. Their sedative effects, therefore, upon the constitution of the child, are much greater; and if suffered to bleed beyond a certain limit, they endanger life. On these accounts, it is more necessary to be cautious in the use of them in children, than in adults. It is not my intention to go into any particulars, in relation to the mode of conducting the process of leeching. There are a few points, however, of a practical character, connected wih this subject, which may not be unworthy of notice. 1. When leeches are applied to a child, the patient should always be placed in the erect positure. The same rule indeed should be observed, in whatever way blood is drawn. If it be a fact that leeches act like general bloodletting upon the child, the propriety of this rule must be obvious; and it is the more necessary to insist upon it, because it is hardly ever observed. As soon as any paleness of the lips or face appears, the child should be placed in the recumbent posture, and the bleeding arrested. 2. When leeches are applied to a child, the patient should never be left until after the flow of blood is completely stopped. 3. Leeches should never be applied at bed-time, and suffered to bleed during the night. In this way, the patient has, in more cases than one, bled to death. If applied late at night, they should be watched just as in the daytime. 4. As a general rule, leeches should not be applied to soft parts destitute of support from underneath, in consequence of the difficulty of making pressure sufficient to arrest the hæmorrhage. The importance of this was first noticed by Dr. Cheyne, who advises to be applied in croup, not to the neck itself, but over the clavicle, sternum, or ribs.* 5. Leeches sometimes open into arteries, and dangerous hæmorrhage has ensued from this cause. A case of this ktnd happened, in which the temporal artery was thus open, and Sir Astley Cooper was obliged to divide the artery before the hæmorrhage could be arrested.† In all cases, therefore, the progress of the bleeding should be carefully watched.

4. If bloodletting be so profound a sedative to children, it is evident that it is capable of doing a vast deal of harm in cases unsuited to its use, and that it requires a very nice discrimination of the character cf the case, before it can be used with safety. This may appear very commonplace; bat, commonplace at it is, it is to be

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* Patholog of the Larynxy and Bronchia, by John Cheyne, M. D., p. 57.

† Joknson's Med. Chir. Rev., Vol. 9, p. 71.

feared that it is not sufficiently borne in mind in actual practice. The presence of inflammation or congestion is generally considered a condition justifying and requiring resort to bloodletting, and so indeed, as a general rule, it is; but it is not so universally. Thus, for example, the inflammation attending scarlatina does not usually require or bear well the loss of blood; and there can be no question that, in this complaint, many a child has been sacrificed by a resort to this remedy. Then, again, symptoms analogous to those produced by inflammation or congestion results from a cause directly the opposite, viz: irritation or mere exhaustion, Illustrations of this we see frequently in affections of the head in children, convulsions, &c. In these cases, if the cause of the difficulty be mistaken and depletion be resorted to, the result may be fatal, All this shows that, before bloodletting is used in children, the nature of the case should be investigated more nicely even than in the adult.

5. In the use of bloodletting in the young subject, especial regard should be had to their constitutions, as well as their mode of living. No principle is better understood, or ought to be so, even in adults, than that in the use of debilitating remedies, due regard should be had to the powers of the system. No practice is safe which does not take into consideration the relative capacity of the system to bear them; otherwise the remedies may be more fatal than the disease for which they are prescribed. Now we know that in the adult there is every difference in this respect. In the management of the same disease accordingly in different individuals, a very different course of treatment is necessary, if not in the remedies themselves, at least in the extent to which they are carried. In the young subject this is still more necessary. Children whose constitutions are naturally feeble and vicious, or have been enfeebled by debilitating causes, such as poor diet, confined air, &c., sink very readily under the influence of depressing remedies. In these bloodletting is badly borne, and should never be resorted to unless absolutely necessary, and then in moderate quantities,

6. Great caution should be exercised in the repetition of bloodletting. After what has been already said in relation to the effects of repeated bloodletting on the young subject, I should not again allude to it, were it not notice the opinions of an eminent authority. Dr. Rush, in his "Defence of Bloodletting," makes the following statement: "I could mention many more instances in which bloodletting has snatched from the grave children under three or four months old, by being used three to five times in the ordinary course of their acute diseases."* That the children alluded to by Dr. Rush survived this treatment I do not doubt, but that these repeated bleedings were necessary, I can hardly believe. At any rate, a practice like this, if generally adopted, would, in my humble opinion, end in the most disastrous results.

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* Med. Obs. and Inqs., vol. 4, p. 300.

In concluding this paper, I trust it may not be thought that I am opposed to the use of bloodletting in the diseases of children. The physician who discards this agent, understands but poorly his profession or the duty which he owes his patients. The proper use of a remedy, however, is one thing, the abuse of it is another; and I must express the opinion, founded on no small observation, that it is frequently resorted to in children when it is unnecessary—when necessary, it is often carried too far—and that in its general use, there is frequently an absence of precision and care, which in many cases renders it a most dangerous remedy. With regard to the use of bloodletting generally in this country, there can be no doubt that the authority of Dr. Rush has exerted an influence the most deleterious. That it should have done so is not surprising. Living at a time when medicine was yet in its infancy among us—at the head of the oldest and most influential of our medical schools and attracting by his enthusiasm and his eloquence a large proportion of the students of the country, his sway for a series of years was unlimited, and his sanguinary precepts and his still more sanguinary practice† were speedily diffused from one end of the country to the other. Although sad experience has long since exposed the fallacy, as well as danger of his doctrines, yet many of the evil consequences of them are still to be met with: and not the least of these, it appears to me, is the opportunity which they have, indirectly at least, afforded for the prevalence of quackery, It is a part of our nature to from extreme to another. When an error is once exposed we are apt to go immediately to its opposite, inferring that what is the reverse of wrong must necessarily be right; and so it has been in regard to bloodletting. The public having been made acquainted with the evils of the practice of Dr. Rush, a prejudice, if not general, at least very extensive, has been created against the remedy itself, and empirics, always ready to play upon the weaknesses and prejudices of the community, have seized upon it for the mere purposes of traffic. Accordingly, the land is now filled with a set of men who pretend to practice medicine, without resorting not merely to bloodletting, but many of the other remedies sanctioned by long and tried experience. And what is melancholy, but true, they find a ready sympathy in a large portion of the community. Whether I am too severe in attributing the popular empiricism of the day to the influence of Dr. Rush, must be left to the judgement of the profession. One thing, however, is very certain, and which we see illustrated every day. Whenever a person has been overtaxed with active medicine, he is apt to discard all belief in medicine generally, and he is then ready to fall into any absurdity. It is with medicine as it is with religion. Superstition once thrown off, infidelity follows, and the result in both cases is the same. Calm reflection and rational inquiry are out of the question, and boasted independence speedily becomes the easy prey of the knave and the empiric.—*N. Y. Annalist.*

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† To justify the language used above, and which may be considered too strong by some, let me make a quotation or two from Dr. Rush's celebrated "Defence of Bloodletttng." "Bleeding should be continued while the symptoms which first indicated it continue, should it be until four-fifths of the blood contained in the body are drawn away." Med. Obs. and Inq., vol. 4, p. 353 The amount of blood in an adult is estimated at about 32 lbs. Four-fifths is over 24 lbs!

Again, in enumerating the advantages of bloodletting, he says: "In cases where bleeding does not cure, it may be used with advantage as a *palliative* remedy. Many diseases induce death in a full and highly excited state of system. Here opium does harm, while bleeding affords certain relief. It belongs to this remedy, in such cases, to save pain, to relieve convulsions, to compose the mind. to protract the use of reason, to induce sleep, and thus to smooth the passage out of life." Med. Obs. and Inqs., vol. 4, p. 357. In other words, if I understand him, ode of the advantages of bleeding is, that it makes persons die easily! This reminds me of a melancholy case which I once witnessed. A young gentleman, about eighteen years of age, had been suffering about three months under organic disease of the brain. During this peroid he had been subjected to every kind of treatment. Bloodletting, emetics, cathartics, mercurials' tonics, &c., had all been used in succession, but without arresting at all the progress of the disease, and he had now become stone blind, was paralytic, and reduced to the extremest state of emaciation and debility. In short he was barely kept alive by the use of stimulants. In this state of things a friendly doctor happened to drop in, and expressed the opinion that the disease was inflammation of the brain, and that a good bleeding would relieve him. Notwithstanding the urgent remonstrances of the attending physician, that the result would be almost immediate death, the idea took with his friends, and he was bled by the doctor who suggested the practice. As might have been expected, in about six hours he was a corpse, and the great consolation seemed to be that he died so easily! Verily, on becoming acquainted with such practice, one would be tempted to believe that the Emperor Nero must have been a very tender hearted man in condeming Seneca to so pleasant a mode of terminating his existence as bleeding to death. For the particulars see the Annals of Tacitus, Book 15, Sec. 60.

Account of a New Anæsthetic Agent, as a Substitute for Sulphuric Ether in Surgery and Midwifery. Communicated to the Medico-chirurgical Society of Edinburgh, at their meeting on 10th Nov. 1847, by J. Y. Simpson, M.D., F.R.S.E., Prof. of Midwifery in the University of Edinburgh; Physician-Accoucheur to the Queen in Scotland, etc., etc.

From the time at which I first saw ether-inhalation successfully practiced in January last, I have had the conviction impressed upon my mind, that we would ultimately find that other therapeutic agents were capable of being introduced with equal rapidity and success into the system, through the same extensive and powerful channel of pulmonary absorption. In some observations, which I wrote and published in February last, relative to the inhalation of sulphuric ether in Midwifery, I stated that, in several obstetric cases, I had used ergot of rye in this way, along with ether.—(*See Monthly Journal of Medical Science*, p. 724.)

With various professional friends, more conversant with chemistry than I am, I have, since that time, taken oportunities of talking over the idea which I entertained of the probable existence or discovery of new therapeutic agents, capable of being introduced into the system by respiration, and the possibility of producing for inhalation vaporizable or volatile preparations of some of our more active and old established medicines : and I have had, during the summer and autumn, ethereal tinctures, &c., of several potent drugs, manufactured for me, for experiment, by Messrs. Duncan, Flockhart, & Co., the excellent chemists and druggists of this city.

Latterly, in order to avoid, if possible, some of the inconveniences and objections pertaining to sulphuric ether, (particularly its disagreeable and very persistent smell, its occasional tendency to irritation of the bronchi during its first inspirations, and the large quantity of it occasionally required to be used, more especially in protracted cases of labor,)—I have tried upon myself and others the inhalation of other volatile fluids, with the hope that some one of them might be found to possess the advantages of ether, without its disadvantages. For this purpose, I selected for experiment and have inhaled several chemical liquids of a more fragant or agreeable odor, such as the chloride of hydro-carbon (or Dutch liquid,) acetone, nitrate of oxide of ethyle (nitric ether,) benxin, the vapor of iodoform, &c.* I have found, however, one infinitely more efficacious than any of the others, viz: cloroform, or the perchloride of formyle, and I am enabled to speak most confidently of its superior anæsthetic properties, having now tried it upon upwards of thirty individuals. The liquid I have used has been manufactured for me by Mr. Hunter, in the laboratory of Messrs. Duncan, Flockhart & Co.

Chloroform was first discovered and described at nearly the same time by Soubeiran (1831,) and Liebig, (1832 ;) its composition was first accurately ascertained by the distinguished French chemist, Dumas, in 1835. See the *Annales de Chimie et de Physique*, vols. xlviii, xlix, and lviii. It has been used by some practitioners internally ; Guillot prescribed it as an antispasmodic in asthma, exhibiting it in small doses, and diluted 100 times. (See Bouchardat's *Annuaire de Therapeutique* for 1844, p. 35.) But no person, so far as I am aware, has used it by inhalation, or discovered its remarkable anæsthetic properties till the date of my own experiments.

It is a dense, limpid, colorless liquid, readily evaporating, and possessing an agreeable, fragrant, fruit-like odor, and a saccharine pleasant taste.

As an inhaled anæsthetic agent, it possesses over sulphuric ether the following advantages :

1. A greatly less quantity of chloroform than of ether is requisite to produce the anæsthetic effect ; usually from a hundred to a

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*In talking over, with different chemists, what fluids might be sufficiently volatile to be respirable, and hence deserving of being experimented upon, Mr. Waldie named to me the perchloride of formyle as worthy, among others, of a trial; Dr. Gregory suggested a trial of the chloride of hydrocarbon, &c. I have been deeply indebted to Dr. Gregory and Dr. Anderson, for their kindness in furnishing me with requisite chemical agents for these experiments; and also to my assistants, Dr. K and Dr. Duncan, for the great and hearty zeal with which they have constantly aided me in conducting the inquiry.

hundred and twenty drops of chloroform only being sufficient; and with some patients much less. I have seen a strong person rendered completely insensible by six or seven inspirations of thirty drops of the liquid.

2. Its action is much more rapid and complete, and generally more persistent. I have almost always seen from ten to twenty full inspirations suffice. Hence the time of the surgeon is saved; and that preliminary stage of excitement, which pertains to all narcotizing agents, being curtailed, or indeed practically abolished, the patient has not the same degree of tendency to exhilaration talking.*

3. Most of those who know from previous experience the sensations produced by ether inhalation, and who have subsequently breathed the chloroform, have strongly declared the inhalation and influence of chloroform to be far more agreeable and pleasant than those of ether.

4. I believe, that considering the small quantity requisite, as compared with ether, the use of chloroform will be less expensive than than of ether, more especially, as there is every prospect that the means of forming it may be simplified and cheapened.

5. Its perfume is not unpleasant, but the reverse; and the odor of it does not remain, for any length of time, obstinately attached to the clothes of the attendant, or exhaling in a disagreeable form from the lungs of the patient, as so generally happens with sulphuric ether.

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* In practice I have found that any such tendency, even with ether, is avoided by, 1st, giving the patient from the first a large and overwhelming dose of the vapor, and 2ndly, by keeping him perfectly quiet and still, and preventing all noise and talking around him. I have elsewhere insisted on the importance of these points. [See the numbers of the Monthly *Journal of Medical Science* for March, 1847, p. 726, and for September, p. 154.) In the paper last referred to, I took occasion, when discussing the conditions requisite for insuring successful etherization, to observe, "*First*,—The patient ought to be left, as far as possible, in a state of absolute quietude and freedom from mental excitement, both during the induction of etherization, and during his recovery from it. All talking and all questioning should be strictly prohibited. In this way any tendency to excitement is eschewed, and the proper effect of the ether inhalation more speedily and certainly induced. And, *Secondly*, with the same view, the primary stage of exhilaration should be entirely avoided, or at least reduced to the shortest possible limit, by impregnating the respired air as fully with the ether vapor as the patient can bear, and by allowing it to pass into the lungs both by the mouth and nostrils, so as rapidly and at once to superinduce its complete and anæsthetic effect; * * * * * a very common but certainly a very unpardonable error being to exhibit an imperfect and exciting, instead of a perfect and narcotizing dose of the vapor. Many of the alleged failures and misadventures are doubtless entirely attributable to the neglect of this simple rule; not the principle of etherization, but the mode of putting it in practice being altogether to blame." But, *Thirdly*, whatever means or mode of etherization is adopted, the most important of the conditions required for procuring a satisfactory and successful result from its employment in surgery, consists in obstinately determining to avoid the commencement of the operation itself, and never venturing to apply the knife *until* the patient is under the influence of the ether-vapor, and "*thoroughly and indubitably soporized by it.*" In fulfilling all these indications, the employment of chloroform evidently offers great and decided advantages, in facility and efficiency, over the employment of ether.

6. Being required in much less quantity, it is much more portable and transmissible than sulphuric ether.

7. No special kind of inhaler or instrument is necessary for its exhibition. A little of the liquid diffused upon the interior of a hollow-shaped sponge, or a pocket-handkerchief, or a piece of linen or paper, and held over the mouth and nostrils, so as to be fully inhaled, generally suffices in about a minute or two to produce the desired effect.*

I have not yet had an opportunity of using chloroform in any capital surgical operation, but have exhibited it with perfect success in tooth-drawing,† opening abscesses, for annulling the pain of dysmenorrhœa of neuralgia, and in two or three cases where I was using deep, and otherwise very painful galvanopuncture for the treatment of ovarian dropsy, &c. I have employed it also in obstretric practice with entire success. The lady to whom it was first exhibited during parturition, had been previously delivered in the country by perforation of the head of the infant, after a labor of three days' duration. In this, her second confinement, pains supervented a fortnight before the full time. Three hours and a half after they commenced, and, ere the first stage of the labor was completed, I placed her under the influence of the chloroform, by moistening, with half a tea-spoonful of the liquid, a pocket handkerchief, rolled up into a funnel placed over her mouth and nostrils. In consequence of the evaporation of the fluid, it was once more renewed in about ten or twelve minutes. The child was expelled in about twenty-five minutes after the inhalation was begun. The mother subsequently remained longer soporose than commonly happen after ether. The squalling of the child did not, as usual, rouse her; and some minutes elapsed after the placenta was expelled, and after the child was removed by the nurse into another room, before the patient awoke. She then turned around and observed to me that she had "enjoyed a very comfortable sleep, and indeed required it, as she was so tired,* but would now be more able for the work before her." I evading entering into conversation with her, believing, as I have already stated, that the most complete possible quietude forms one of the principal secrets for the successful employment of either ether or chloroform. In a little time she again remarked that she was afraid her "sleep had stopped the pains." Shortly afterwards, her infant was brought in by the nurse from the adjoining room, and it was a matter of no small difficulty to convince the astonished mother that the labor was entirely over, and that the child presented to her was really her "own living baby."

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* When used for surgical purposes, perhaps it would be found to be most easily given upon a handkerchief, gathered up into a cup-like form in the hand of the exhibitor, and with the open end of the cup placed over the nose and mouth of the patient. For the first inspiration or two, it should be held at the distance of half an inch or so from the face, and then more and more closely applied to it. To insure a rapid and perfect anæsthetic effect—more espially where the operation is to be severe—one or two teaspoonsful of the choloroform should be at once placed upon the hollow of the handkerchief, and immediately held to the face of the patient. Generally a snoring sleep supervenes: and when it does so, it is a perfect test of the superinduction of complete insensibility. But a patient may be quite anæsthetic without this system supervening.

†A young dentist who has himself had two teeth extracted lately—one under the influence of ether, and the other under the influence of chloroform—writes me the following statement of the results: "About six months ago I had an upper molar tooth extracted whilst under the influence of ether, by Mr. Imlach. The inhalation was continued for several minutes before I presented the usual appearance of complete etherization; the tooth was then extracted; and, although I did not feel the least pain, yet I was conscious of the operation being performed, and was quite aware when the crash took place. Some days ago I required another molar extracted on account of tooth;ache, and this operation was again performed by the same gentleman. I inhaled the vapor of chloroform, half a drachm being poured upon a hankerchief for that purpose, and held to my nose and mouth. Insensibility took place in a few seconds; but I was so completely *dead* this time, that I was not in the very slightest degree aware of any thing that took place. The subsequent stupifying effects of the chloroform went off more rapidly than those of the ether; and I was perfectly well and able again for my work in a few minutes."

Perhaps I may be excused from adding, that since publishing on the subject of ether inhalation in midwifery, seven or eight months ago,† and then for the first time directing the attention of the medical profession to its great use and importance in natural and morbid parturition, I have employed it, with few and rare exceptions, in every case of labor that I have attended; and with the most delightful results. And I have no doubt whatever, that some years hence the practice will be general. Obstetricians may oppose it, but I believe our patients themselves will force the use of it upon the profession.‡ I have never had the pleasure of watching over a series of better and more rapid recoveries; nor once witnessed any disagreeable result follow to either mother or child; whilst I have now seen an immense amount of maternal pain and agony saved by its employment. And I most conscientiously believe that the proud mission of the physician is distinctly twofold—namely, to alleviate human suffering, as well as preserve human life.

Chemical Constitution of Chloroform.—Formyle is the hypothetical radical of formic acid. In the red ant (*Formica rufa*) formic acid was first discovered, and hence its name. Gehlen pointed it out as a peculiar acid; and it was afterwards first artificially prepared by Doebereiner. Chemists have now devised a variety of processes, by which formic acid may be obtained from starch, sugar, and, indeed, most other vegetable substances.

A series chlorides of formyle are produced when chlorine and the hypochlorites are brought to act on the chloride, oxide, and hydrated oxide of methyle, (pyroxylic or wood spirit.) In the same way as formic acid may be artificially procured from substances which do not contain formyle ready formed, so also are the chlorides of this radical capable of being procured from substances which do not originally contain it.

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*In consequence of extreme anxiety at the unfortunate result of her previous confinement, she had slept little or none for one or two nights, preceding the commencement of her present accouchement.

†See *Monthly Journal of Medical Science* for February, p. 539; for March, p. 718 and 721, and April, p. 794, &c.

‡I am told that the London physicians, with two or three exceptions only, have never yet employed ether inhalation in their midwifery practice. Three weeks ago, I was informed in a letter from Professor Moutgomery of Dublin, that he believed that in that city, up to that date, it had not been used in a single case of labor.

Chloroform, chloroformyle, or the perchloride of formyle, may be made and obtained artificially by various processes—as by making milk of lime, or an aqueous solution of caustic alkali act upon chloral—by distilling alcohol, pyroxylic spirit, or acetone, with chloride of lime—by leading a stream of clorine gas into a solution of caustic potass in spirit of wine, &c. The preparation which I have employed, was made according to the formula of Dumas:

℞ Chloride of lime in powder, - lb iv.
Water, - - - - - lb xii.
Rectified spirit, - - - f ℥ xii.

"Mix in a capacious retort or still, and distil as long as a dense liquid, which sinks in the water with which it comes over, is produced."—(Gray's *Suppliment to the Pharmacopæia*, 1846, p. 633.)

The resulting perchloride of formyle consists of two atoms of carbon, one of hydrogen, and three of chlorine. Its specific gravity is much greater than the water, being as 1.480. It boils at 141°. The density of its vapor is 4.2. It is not inflammable; nor changed by distillation with potassium, potash, sulphuric, or other acids. (See Turner's *Elements of Chemistry*, 8th edition, p. 1009; Gregory's *Outlines of Chemistry*, part ii. p. 401; Fownes' *Manual of Elementary Chemistry*, p. 419; Thomson's *Chemistry of Organic Bodies*, p. 312; Loewig's *Organische Chemie*, vol. i. p. 498.)

It is now well ascertained that three compound chemical bodies possess, when inhaled into the lungs, the power of superinducing a state of anæsthesia, or insensibility to pain in surgical operations, &c., namely, nitrous oxide, sulphuric ether, and perchloride of formyle. The following tabular view shows that these agents are entirely different from each other in their chemical constitution, and hence that their elementary composition affords no apparent clue to the explanation of their anæstheties:

	Proportion of Nitrogen.	Of Oxygen.	Of Carbon.	Of Hydrogen.	Of Chlorine.
Nitrous Oxide,	1 Atom.	1 Atom.			
Sulphuric Ether,		1 Atom.	4 Atoms.	5 Atoms.	
Chloroform,			2 Atoms.	1 Atom.	3 Atoms.

It is perhaps not unworthy of remark, that when Soubeiran, Liebig, and Dumas engaged, a few years back, in those inquiries and experiments by which the formation and composition of chloroform was first discovered, their sole and only object was the investigation of a point in philosophical chemistry. They labored for the pure love and extension of knowledge. They had no idea that the substance to which they called the attention of their chemical brethren could or would be turned to any *practical* purpose, or that it possessed any physiological or therapeutic effects upon the animal economy. I mention this to show, that the *cui bona* argument against philosophical investigations on the ground that there may be at first no apparent practical benefit to be derived from them, has been amply refuted in this, as it had been in many other instances. For I feel assured, that the use of chloroform will soon entirely supersede the use of ether; and, from the facility and rapidity of its exhibition, it will be employed as an anæsthetic agent in many cases, and under many circumstances, in which ether would never have had recourse to. Here then we have a substance which, in the first instance, was merely interesting as a matter of scientific curiosity and research, becoming rapidly an object of intense importance, as an agent by which human suffering and agony may be annulled and abolished, under some of the most trying circumstances in which human nature is ever placed.

I have, up to this date, exhibited the chloroform to about fifty individuals. In not a single instance has the slightest bad result of any kind whatever occurred from its employment.

EDINBURGH, November 15, 1847.

A Good Story.—When we were a medical student, we remember hearing Dr. R., of Boston, than whom no man can tell a story better, relate something like the following:—

"Sometime since I was called into the country to see an old lady who was afflicted more with general debility than any real disease. She requested me to go and see her old family physician, who resided near at hand, and who, she said, *understood her constitution.* I accordingly called upon the old doctor, who had then ceased his active practice, made known my errand, and received an account of the old lady's constitution. As I was about leaving, the old gentleman, looking me full in the face, said, 'Doctor, did you know that I was a great surgeon in my day? 'No, sir.' I replied, 'I did not.' 'Well, I was,' continued he. 'A number of years ago, I was called into B., to consult with the present eminent Dr. W. about taking off the leg of a black man. I arrived fifteen minutes past the time appointed, and Dr. W. was just taking up the knife to commence the operation of amputating tho negro's leg. I asked him what he sent for me for? He said, to give my opinion as to taking off this man's leg. 'Well, why did you not wait, then, till I came?' 'Because, sir, we thought something had detained you, and you wonld not come.'

"After examining the leg, I was well satisfied it could be saved. I took him into my chaise; brought him up to a black woman's house near by, and cured his leg. He has now been my porter for twenty years, and carried bundles and loads upon that leg ever since. This is the way *I was a great surgeon—not by cutting off legs but by saving them.*"

Moral.—Many legs might have been saved, that have been cut off.—*Journal of Health.*

EDITORIAL DEPARTMENT.

Spurious Drugs.—We are gratified to perceive that attention is being directed to the adulteration of medicines, and the means of protecting the profession and the public against the impositions which are so largely and extensively practiced. It is ascertained that the importation of spurious drugs has been, and still is carried on in a systematic manner, and to an enormous extent. The Editor of the New-York Journal of Medicine, who has evinced a zeal in the investigation of this subject which entitles him to the warmest thanks of the public and profession, in an article which was copied in a late number of this journal, exposes several instances of this species of fraud; and in a communication in the last number of the New-York Journal by a wholesale dealer in drugs in the city of New-York, the fact is fully admitted, without any conscientious compunctions, the communication, in fact, being intended to exculpate the said firm from blame, on the ground, forsooth, that they keep genuine drugs as well as spurious, leaving the purchaser to determine which are genuine and which are spurious by the prices affixed to each! Our contemporary very clearly exposes the speciousness of casuistry which would transfer the moral responsibility of the traffic from the wholesale to the retail dealer in these cases. Admitting that the retailer, and the dispenser of medicinal preparations, are fully aware that the articles they sell and use are spurious, does this render the wholesale dealer any the less a party to the nefarious business? Is the criminality of the latter diminished by the fact that others are equally criminal? But as our friend of the New-York Journal remarks, it is by no means probable that the matter is fully understood by all who purchase of the importer, and of the apothecary. In a large proportion of cases, undoubtedly, the apothecary, and the country physician, suppose that the articles purchased are genuine articles. It is impossible, in the nature of things, that the price affixed should be a reliable criterion. If this were sufficient, how easy to sell spurious articles at as high price as genuine! The dealer who can reconcile his conscience to engage at all in the traffic of adulterated medicines, would seldom find it difficult to place as high price upon them as upon those which are pure, when his gains would thereby be quadrupled, or more. The subterfuge offered in the communication to which we allude, is too shallow and pitiful to deserve serious refutation. It could only spring from that moral obliquity which the admitted fact of dealing in spurious drugs involves. But apothecaries and practitioners are by no means blameless in this matter. If they are not voluntary parties to the fraud, they are not sufficiently careful and discriminating. It is too much the custom to buy articles which are the most cheaply furnished, and to patronize establishments which sell the cheapest, without due examination of the purity of medicinal preparations. We do not deny that both apothecaries and practitioners are, in many instances, justly chargeable with participating in deliberate impositions. The crime is not limited to the importer; but it is fair to presume, that the practitioner very seldom prefers spurious medicines to genuine, for, if he has no better motive, his own interests are involved to an extent vastly beyond the amount of money saved by the cheaper rate at which they are purchased. The attention of the Profession being now in various ways directed to this subject, it is to be hoped the evils will be, in some measure, at least, removed. The first, and most important point, is for physicians who dispense medicines to bestow more care upon the examination and testing of those which they purchase, and to patronize only honest and competent druggists. Practitioners who send prescriptions must ascertain that they are carried to apothecaries of known integrity and skill. But inasmuch as the utmost vigilance will not prove entirely protective, it is an important point to prevent the importation of spurious drugs. We can see no way in which this can be effected but by legally appointed inspectors of medicines. In one of the early numbers of this journal we proposed and advocated this measure, and commented on the inconsistency of requiring an inspection of pork, flour, and tobacco, and, at the same time, making no provisions against frauds in the sale of adulterated drugs, the latter being certainly not less injurious than inferior tobacco, and assuredly less easy to be detected by the purchaser and consumer. This plan is now generally recommended.

The *Philadelphia College of Pharmacy* has taken up the subject, and issued a Circular, and form of petition to Congress, copies of which are herewith appended. We commend the subject to the Profession, and hope that it will receive general co-operation. Petitions might also, as it seems to us, with propriety be circulated among the public generally, for their interests, after all, are more deeply involved in the matter than those of the medical practitioner. The subject is one of so much importance that if presented to the attention of Congress we cannot imagine that it will fail to be properly appreciated by that honorable body.

The following are the circular and form of petition referred to:—

CIRCULAR.

The undersigned, a committee of the Philadelphia College of Pharmacy, respectfully ask your attention to the annexed resolution and memorial to Congress, as passed and issued by the body they represent, and request, if the proposed object meets your approbation, that you will co-operate with them to the extent of your ability in effecting the reformal aimed at, and which are but too necessary.

The College, whilst fully impressed with the importance of the movement commenced by the New York College of Pharmacy, as set forth in their published circular, believe that we are laboring under very serious evils of domestic origin, over which Congress have no control. To meet these difficulties as far as possible, the College, in addition to memorializing the National Legislature, have instructed this committee to prepare a paper for general circulation, on the adulterations with which the drug-market is at present infected, suggesting with each the best known methods of identification, having a view to the greatest simplicity of means, in order that their application may be conducted, by even unskilful hands, as far as possible.

This portion of the labors of the Committee will be much facilitated, as well as rendered more widely useful, if those who have connection directly or indirectly with the drug-market will communicate any knowledge they may possess relative to the subject, or send specimens of adulterated drugs or chemicals that may come under their notice, to the Chairman, or any member of the Committee.

We would therefore again solicit your co-operation in furtherance of the proposed reforms and are very respectfully yours,

Daniel B. Smith,
Charles Ellis,
Ambrose Smith,
Thomaas P, James,
Edward Parrish,
Robert Bridges,
Joseph Carson,
William Procter, Jr.

Philadelphia, 11*th month* (*Nov*.,) 1847.

At a Special Meeting of the Philadelphia College of Pharmacy, held Eleventh month 1st, 1847, it was

Resolved, That copies of the Memorial passed this evening be transmitted by the Committee to the various Colleges of Medicine and Pharmacy of this country, with an urgent request that they will co-operate in obtaining the proposed results.

To the Honorable Senate and House of Representatives.

The memorial of the Philadelphia College of Pharmacy, respectfully represents:

That one of the chief objects of the establishment of their institution, was to "direct attention to the quality of drugs brought into the market," with a view to correct the evils arising from the introduction and sale of spurious and sophisticated articles.

That they have, from time to time, by the proper education of young men in their school of Pharmacy, by exposing frauds of various kinds when discovered, and by the publication of a *Journal*, which assumes a high tone in its exposition of these abuses, done much to correct the evils spoken of.

That it has now become notorious amongst druggists, that of late, important drugs and medicines are especially adulterated in foreign countries, for sale in this country, and pass daily through the Custom house, to be disseminated by ignorant or unprincipled dealers, to the great detriment of our citizens.

That whilst we are aware there are domestic abuses of grave character to correct, and whilst it is the ceaseless exercise of this and similar institutions to do away with, by elevating the character of the practitioners of Pharmacy, and disseminating a knowledge of these abuses, and the means of detecting them—a work which has more especially engaged us at this time,—we believe that Congress possesses the power, in the enactment of a suitable law, to exert a highly beneficial influence on the character of imported drugs, by rendering it impossible to introduce them without undergoing inspection by a proper and qualified inspector, whose duty it should be to ascertain the real character of the drugs and chemicals destined for medical use, and keep such records, that honest dealers may ascertain at any time the character of the importations and take means of protection against imposition. We believe that such a law would, within a moderate period, exhibit a very evident influence on the quality of importations; as it is generally only necessary that such sophistications be known, to be condemned by the majority of dealers.

Your memorialists therefore ask of your honorable bodies, that a law be enacted, embracing the appointment of a proper inspector at each chief port of entry, whose duty it shall be to examine all the importations of drugs, medicines, and chemicals used as medicines, and, if necessary, have them properly tested, keep a full record of such inspections, including the names of the parties, which shall be open for consultation to the druggists, apothecaries, physicians, and others, concerned; or adopt such other measures as in your wisdom may seem best adapted to prevent the evil complained of.

President.
} *Vice Presidents.*
Secretary.

Renunciation of Quackery by an Apothecary.—Under this caption the editor of the St. Louis Medical and Surgical Journal introduces a letter from an apothecary of St. Louis, from which we quote the following paragraph:—

"Noticing an article in the July and August Nos. of the St. Louis Medical and Surgical Journal, headed 'apothecaries dealing in quack medicines,' and, being convinced of the justice of your remarks, I have come to the determination no longer to deal in secret or patent medicines, but to confine myself to the dispensing of physician's prescriptions."

We are glad to see a precedent, which, we trust, will lead to a like renunciation by others. As a question of casuistry the business of vending secret nostrums will not bear discussion. The reflecting, candid, conscientous mind has only to admit the question fairly as a subject of deliberation, to be convinced of its moral merits. The principle involved is not that which may be urged with reference to the sale of ardent spirits, viz., that they are *often* applied to vicious indulgencies. The objections to patented nostrums are not directed against their abuse, but against their use. The system is based upon deception and fraud. The inebriate, when he receives the intoxicating cup, does so voluntarily, with a view to the debasing effects of the draught. He who offers the poisoned chalice may imagine that he is screened from blame by the fact that the responsibility of the crime rests with the recipient. We will not discuss the merits of this plea. We adduce it to show that the vender of quack remedies has not the benefit of whatever validity or force it may be thought to possess. The purchaser, in the latter case, is allured by his anxiety to recover health. He is persuaded by affidavits, certificates, and recommendations, that he will be benefitted by subjecting his system to the operation of the secret remedy. It is fully understood among apothecaries how these testimonials are obtained—they know how much value is to be attached to them—they cannot shut their eyes to the injury to life and health occasioned by the enormous consumption of patent medicines—in short they cannot but understand the true nature of the *patent medicine system*—without farther argument, then, we would commend the subject to their attention as a matter of conscience.

Buffalo Medical College.—In the notice of the determination to change the time of lectures in this Institution, and extend the term, which was contained in our last number, a portion of a paragraph was accidentally omitted by the compositor, leaving the reader to infer the sense from the general tenor of the article. To avoid any misapprehension we would repeat that the Faculty have resolved that the session of 1848–9 shall commence on the last Wednesday of November, *and continue five months;* the lecture term being preceded, as now, by a dissecting term of one month, the whole course, including the latter, making six months.

The coming spring session commences on the last Wednesday in February, and continues sixteen weeks. The preliminary dissecting course is now in progress, about thirty students being in attendance.

Chloroform.—The new anæsthetic agent, entitled as above, seems to have displaced summarily and entirely the vapor of sulphuric ether. Our readers will find in our Eclectic Department of this number, an account of its chemical nature, and the mode of preparing it, from the pen of Dr. Simpson, of Edinburg, the discoverer.

It has a great advantage over the ether in not possessing irritating properties, but, on the other hand, being fragrant and agreeable. On this account it is respired with ease and comfort, and may be employed in cases in which, owing to irritability of the pulmonary apparatus, the vapor of ether cannot be inhaled. Owing to the ease with which it may be respired no inhaling machine is required, but a concave sponge or handkerchief saturated with the fluid, and applied to the mouth suffices for all practical purposes. It remains to determine by comparative observations which of the two agents exerts the most satisfactory results, or which is less objectionable than the other.

Proceedings of the Medical Convention of the State of Tennessee held in Nashville, Oct. 1847.

We have been favored with a pamphlet containing the proceedings of a Medical Convention held at Nashville, Tenn., in which resolutions were passed approving of the report of the Committee on Education to the late National Convention, and pledging all honorable support to Colleges which are governed by the resolutions attached to the report referred to.

The code of medical ethics recommended by the National Convention was adopted. A committee was appointed to procure the passage of laws respecting the registration of births, marriages and deaths. Several resolutions were also adopted with respect to the importance of preliminary education, and of primary medical schools in which the pupil may be prepared to enter Medical Colleges.

Suicide of Dr. Wells.—The papers announce the death of Dr. Wells of Hartford, Conn., under melancholy circumstances. It appears that Dr. W. from frequent inhalations of the Chloroform, for its exhilirating effect, induced a species of insanity leading him into eccentricities of conduct for which he was arrested and committed to the *tombs* in the city of New-York. The mortification arising from his imprisonment, it is supposed, impelled him to commit suicide. Dr. Wells is known as the discoverer of the application of anæsthetic inhalations to surgical operations.

Female Medical Students.—As was to have been expected, the announcement of a female pursuing a regular course of medical education, excites not a little remark in private circles, and the public prints. We perceive an article going the rounds of the newspapers which states that a female medical student is in attendance at Boston, Mass. We presume this is an error, as the Boston school was one of the number, admission to which was denied to the person referred to in the article contained in our last number. There is some difference of opinion in the minds of medical men as regards the propriety of the course pursued by Geneva College in the matter, but we are not aware that any of the parties immediately concerned are dissatisfied. If any doubt the ability of females to become scientific practitioners in certain departments of our art, we might refer to Madame Boivin, who is not only an accomplished accoucheur, but eminent as a teacher and writer. Will it ever be incumbent on the medical teacher to say *ladies and gentlemen*, instead of *gentlemen? Nous verrons.*

Practicing Apothecaries, Percentage on Prescriptions.—At the last meeting of the College of Physicians of Philadelphia, a committee, previously appointed to consider the subject of the practice pursued by apothecaries of prescribing for diseases and accidents, reported as follows:—

"The Committee having given the subject due consideration, are of opinion that it is in every way worthy of the attention of the College, and that much good may be anticipated from the action of the body in reference to it. The evil is one that in this community has long existed; its origin being propably due to the belief of the public, that those dealing in drugs, must be fully acquainted with their application to the cure of diseases; it being taken for granted that discrimination of the latter is an easy matter. The fact, too, that throughout a large portion of our country, physicians are in the habit of retailing their own medicines, and consequently, when they prescribe for a malady, of furnishing the remedies they direct; together with the vulgar notion, that each individual understands best his own constitution, have tended, in no small degree, to render the custom so common that it is by many thought to be perfectly right. Your committee, however, believe, that several of the apothecaries of this city have long been opposed to a practice for which they felt themselves unfitted, and continue it, to a limited extent, only from the force of circumstances—the competition at present existing in the business, compelling them to advise the use of various remedies, when consulted, in order to prevent the transfer of their customers to others, not in any degree beter qualified, and certainly less scrupulous.

Your committee, therefore, think that the action of the College in discountenancing the practice, will have a most beneficial effect; strengthening the opinions of those among the apothecaries who are now opposed to it, and deterring others from its continuance.

By limiting the duties of the apothecary to the compounding of medicines and the sale of articles called for by their customers, it is believed the public will be pretty well protected from a recurrence of such accidents as were reported to the college at its last meeting. The means of thus limiting the duties of the apothecaries would seem, it is true, not very easy to command, but as the compounding of physicians prescriptions is admitted by all in the business to be an object worth attending to, and as they gain nothing by prescribing themselves, the considerations of self-interest will probably effect, to a certain extent at least, the desired end, even should higher motives be disregarded. If the College, therefore, were made acquainted with the views of apothecaries in regard to this matter,. there would certainly be but little difficulty in inducing, by our co-operation, a large portion of them to adopt the views of the profession generally in relation to it.

Your committee, therefnre, recommend that the following circular be addressed to each apothecary in the city proper and southern districts."

[We omit the circular, the object of which is to ask the views and concurrence of the apothecaries. The report embraces another topic as follows:—]

As connected with the present subject, the committee would call the attention of the College, to the fact of certain physicians holding an interest in apothecary shops, or if not actually principals or partners, receiving a percentage on every precription sent to the store.

They beg leave, therefore, to offer the following resolutions:—

1st. *Resolved,* That in the opinion of the College, the duties of prescribing and compounding medicines in this city should be kept perfectly distinct, and that any connection or moneyed interest in apothecary stores, on the part of physicians, is unprofessional, and therefore, to be reprobated.

2d. *Resolved.* That the College of Physicians will hereafter deem those apothecaries who continue to prescribe for diseases as unworthy of the support of its Fellows.

3d. *Resolved,* That the Fellows of this College be recommended to exert themselves individually and collectively to abolish the practice.

BUFFALO MEDICAL JOURNAL
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ORIGINAL COMMUNICATIONS.

ART. I.—*Introductory Lectures.*—Addresses delivered at the opening of the lecture terms at Medical Institutions in different parts of the country, constitute an important branch of our medical periodical literature. It has become an established custom at most schools, for one, or more of these introductory discourses to be prepared with a view to publication, or, if not so prepared (as is sometimes modestly disclaimed) the writers are induced to yield to the solicitations of their hearers, and consent to see themselves in print. For ourselves we like the custom, and hope it will not pass out of vogue until all the topics appropriate for such an occasion are as stale, flat, and unprofitable, as the subjects of fourth of July orations have, at length, become. At the present time, when the minds of the profession are earnestly engaged with matters of common concern, and of not a little importance, relating to reform, progress, education, &c., these addresses possess an especial interest. As a general remark they are to be taken as exponents of the views, not of their authors only, but of the different Institutions from which they emanate. We are thus enabled to compare the sentiments, not only of a few individuals, but of the different sectional associations which these individuals may be supposed to represent, and to gather expressions of opinion on debatable topics from widely separated districts.

By means of these addresses we are able to form some opinion of the condition, aims, and prospects of the numerous medical Institutions of our country, and while doubtless they are often designed to advise the profession of the successful operation of the institutions with which their authors are connected, they are not the less valuable as containing information in which every friend of medical education should feel an interest.

They are acceptable, also, inasmuch as they carry us back to the period when we were hearers, not readers of such discourses—a period which we learn to prize when it is gone, forever gone! In imagination the wheels of time roll backward, and we are transported to that epoch in our own experience when the long expected occasion of meeting our teachers and fellow pupils has arrived. The thoughts, feelings, and associations of the medical student, are, for the moment, brought vividly before us. We live again that portion of life's history which was rendered happy by bright dreams of the future—alas! how little did we then imagine that one of the highest pleasures of that future, would consist in living again in the past!

There is another point of view in which these annual missives are acceptable. We seem to form a personal acquaintance with the authors, of most of whom we often hear, but with whom we may never come into nearer relation than through this intellectual medium. In many instances these are the only occasions on which members of our profession who are eminent as teachers, afford an opportunity for distant brethren to become acquainted with them even by means of their writings.

Not to multiply reasons, we repeat, that in our estimation the custom of publishing introductories is a good custom, and we hope it will become time-honored ere it wear itself out, and, from the dearth of novelty, become extinct.

The harvest of introductories for the present season appears to have been as abundant as usual, and we are so fortunate as to come in for a fair share of the products. The authors of published addresses at several schools have kindly remembered us, for which we embrace this opportunity to tender our thanks. We should have expressed acknowledgments ere this, and for each favor separately, but we did not deem it just to the authors to speak of their works until we had read them, and as our engagements have compelled us to defer that gratification in several instances, we preferred to file away these publications by themselves, and to devote an early period of leisure to them exclusively, reading them in succession until our stock was exhausted, In this way we promised ourselves the enjoyment of a bountiful repast made up of a variety of dishes, instead of tit-bits from time to time, which, although sufficiently savory and wholesome, are better calculated to provoke appetite, than to satisfy hunger. We have now placed the budget on our editorial table, and purpose as we take up successively each discourse, to present to our readers extracts possessing intrinsic interest, or which shall seem to us to be fair specimens of the merits of the production. Presuming that the major portion of our readers have not the opportunity of reading all the discourses before us in full, we have thought the space which our selections will require could not be more acceptably occupied. In noticing each discourse we shall exercise the privilege of making such critical remarks as suggest themselves during our perusal of it.

In looking over the list, we select, first, those which bear the imprint of Philadelphia; and of these, two discourses by the Professor of Surgery in the University of Pennsylvania first meet the eye. They are entitled as follows:—one, "*lecture, introductory to a course, on Surgery, containing a short account of eminent British Surgeons, Physicians, Scientific and literary men;*" the other, "*lecture, correlative to a course, on Surgery, embracing a short acccunt of eminent Belgian Surgeons, Physicians, &c., &c.*" The materials for both lectures were gleaned during an European tour made the summer preceding their delivery, and relate, for the most part, to eminent members of the profession with whom the lecturer was thrown in social intercourse, or on public occasions. We select first an account of a lecture delivered by Dr. Carpenter which we think our readers will peruse with interest. Having given a brief but glowing account of a lecture by Faraday, the eminent chemist, he proceeds as follows:—

"The next individual towards whom I was attracted at the association, both on account of his high reputation, and the acquaintance I had made with him in former years, was Dr. Carpenter, recently of Bristol, now of London, where he occupies the important positions of lecturer on physiology at the London Hospital, examiner on physiology and comparative anatomy in the University of London, lecturer on geology to the British Museum, a lectureship recently created by the will of the eccentric founder, the late Dr. Sweeny. Dr. Carpenter, in addition to these honorable apointments, is also Fullerian Professor of Physiology in the Royal Institution, where he has just completed a three years' course of lectures on that branch of science. This professorship expires every third year, and it is probable he will be elected again to the same office. When it is considered that Dr. Carpenter has held high rank as a writer for the last ten years, and published his valuable work on physiology, *whilst a student;* that he is now only about thirty-one years of age, and has created for himself, within that short period, an enviable reputation in every portion of the civilized world, it may be readily imagined that in meeting him at the British Association, I should feel disposed to devote more than ordinary attention to any subject which might happen to come under his investigation. Finding, accordingly, that he was to deliver a lecture on the physiology of the encephalon, I determined to devote myself assiduously to the physiological section, until I could make myself master of his views. He commenced by reference to a lecture delivered before the same association in 1846, and gave a brief recapitulation of the views then stated, from the published reports of that body. The object of that communication was to bring under consideration the inferences to which we are led by the study of comparative anatomy, in regard to the functions of different parts of the human encephalon. The author considered that the great principle of Cuvier—that the different classes of animals might be regarded as so many experiments ready prepared for us by nature, who adds or takes from their various organs, and shows us the several results of these different combinations—though fully recognized in other departments of physiology, had not yet been fairly admitted into the study of the nervous system. He attributed this, in part, to the difficulty of determining the portion of that system which are truely analogous, or rather *homologous*, in different classes of animals; but this difficulty has, in great part, been removed by the growing conformity of opinion on this subject amongst comparative anatomists, so that he thought that the time was come for physiological deduction.

He first pointed out that our comparisons need not be restricted to vertebrated animals, since the ganglionic centres of invertebrata may be shown to bo analogous to certain portions of the cerebro-spinal system of the vertebrata. He stated it to be a universal fact, that all organs of special sense have distinct ganglionic centres, which must be regarded as the instruments of their respective sensations, and as the sources of motion directly connected with those sensations; and that the whole cephalic mass of invertebrated animals was composed of a collection of such ganglia, without any vestige—except in the highest—of cerebrum or cerebellum. These organs make their first appearance in fishes, and bear, at first, but a small proportion to the chain of sensory ganglia which forms the anterior termination of the spinal cord.

In fishes we find distinct olfactive, optic and auditory nervous ganglia, together with thalami optici and corpora striata, the degree of development of which has no reference to that of the cerebrum; in fact, the bodies usually called the cerebral lobes of fishes, are, except in the sharks, which have vestiges of cerebral hemispheres, almost entirely composed of the homologues of the corpora striata. Hence Dr. Carpenter considered that these bodies, instead of being appendages to the cerebrum, really belong to the group of sensorial ganglia, and are to be regarded as together making up the ganglionic centres of common or tactile sensation, and of the movements prompted or directed by it. This chain of ganglia, although comparatively small in man, with reference to the bulk of the cerebral hemispheres, still exists in him; and must be regarded as the instruments of the same operations as those to which it ministers in the lower animals. Arguing from actions in the latter, and analogous phenomena in man in health and in disease, the author attributes to the sensory ganglia the formation of sensations and the origination of respondent movements. To this category the purely instinctive actions of the lower animals, which seem executed without any *idea* of purpose, but in simple respondence to the promptings of sensation, appear referable; together with a variety of actions in man; such as that of yawning from the sight or sound of the act in another. Dr. Carpenter hence endeavored to show that we must regard the cerebrum as the instrument of the formation of ideas, of the memory of *ideas* and sensations, and of the intellectual processes founded upon them, which terminate in an act of the will; and he pointed out that *ideas* may produce the same effect on muscular movements as sensations themselves, as when the suggestion of the idea of yawning induces the action. He also showed how the anatomical connections of the cerebrum with the sensory ganglia would cause its communicating fibres to exert an influence on the latter, corresponding with that which is effected by the sensations directly received from the organs of sense. With respect to the emotions, he endeavored to show that they may be regarded as compound states resulting from the simple feelings of pleasure and pain associated with certain ideas, or classes of ideas; the feelings of pleasure or pain he would locate with the sensations which commonly excite them in the sensorial ganglia; whilst the formation of the ideas, which are essential parts of the motives and propensities, is clearly a cerebral operation; and he showed, in conclusion, how this view of the functions of the principal parts of the encephalon harmonizes with the known sleepless action of the emotions—first, in producing involuntary movements, and secondly, in stimulating and influencing the reasoning processes.

After a brief recapitulation of the preceding deductions from comparative anatomy, Dr. Carpenter brought under the notice of the medical section two remarkable cases, which he considered to be peculiarly illustrative and confirmatory of his views. In one of these communicated to him by Dr. Dunn, all harmonized well with the supposition that the functional power of the cerebrum and of the auditory, olfactive and gustatory ganglia, was suspended, whilst that of the optic and tactile ganglia remained in full force. The actions of the individual, for a long period, were such as might be legitimately referred to the *consensual* group; being all stimulated by present sensations, and not being, apparently, in the least degree the result of *will*, guided by *intelligence*. In the other case communicated by Mr. Noble, the intelligence and will were in full operation, but from a defect in the power of the will to excite muscular movement, the individual could not exert his volition, unless the object of the exertion were before his senses. Thus he stated that if he were assured that upon extending his hand to a given point, he should receive a one hundred pound note, he could not make the movement unless the note were before his eyes; the sight of it thus guiding the action *consensually*."

The following lively account of his interviews with the late Mr. Liston exibits another phase of the writer's style:—

"Few hours elapsed, after reaching the metropolis, before I found my way to the domicile of my old friend *Liston*. I was shown into a pill-box of a room, tastefully fitted up, and filled with medical and surgical portraits, from old Abernethy, with his hands knowingly thrust into his breeches pocket, down to Jobert of Paris, with his enormous black whiskers and heroic figure and phiz. Whilst intently gazing upon these, the door noiselessly opened behind me, and a hand laid heavily enough upon my shoulder to face me about, was followed by the exclamation, "what under the sun has brought you here again?" Before I could answer the question, I was hurried into another room, and both sinking simultaneously into luxurous arm-chairs, a conversation was commenced and continued for a considerable time, occasionally interrupted by the pressure of the sides and whisking of the tail of the enormous black cat Tobey upon almost every part of my person,—this respectable gentleman, now grown corpulent, no doubt recollecting the libel I had published in relation to his foot and my plate of soup, and above all in bestowing upon him the common epithet of Tom, instead of the more honorable and dignified one of Tobey. Upon taking leave, Liston said to me, "Come here at eight o'clock to-morrow morning, and I'll take you down the Thames in my yacht, and then out to sea, and show you fun you never dreamed of on board your splendid packet-ships." I excused myself upon the ground of having made a previous engagement with Sir Benjamin Brodie and Dr. Bright—inwardly pleased at the opportunity of escaping all the *de sagremens* of sea-sickness, which is sure to follow an excursion in such a craft, with a positive certainty of being visited upon any one even like myself, who had crossed the Atlantic numerous times without being subjected to any sickness at all. A few days after this I saw my friend in all his glory at the North London Hospital, his lofty forehead surmounted by a cap, his broad chest and figure covered in part with an apron, and his right arm brandishing a long and dagger-shaped knife. I came upon him unawares and stuck a finger into his side, when he immediately turned round, and said to the fine-looking young men who composed his class, "Ah, this is the American professor who has libeled my cat by calling him Tom." He then turned round, introduced me to Professors Thompson, Quain and Grant, gave me a position where I could distinctly see all he was going to do, and with a graceful turn of the body and corresponding sweep of the knife, upon a patient previously etherized and prepared for the operation, speedily worked out a pair of anterior and posterior flaps, and almost in the twinkling of an eye amputated the limb as near to the hip as he thought it proper and safe to go—the poor girl not giving the slightest demonstration, by movement or scream, of what had been done. Some minor operations followed—all performed in the same quiet, easy, unpretending way, without any flourish of trumpets or display of flashing blades, and almost without the patients and by-standers being aware that so much could be effected with so little formality and fuss. Soon after this I took leave of Liston and left for Paris. Upon my return in September, I called again, and learned from him with regret that he had been ill soon after I had parted from him, and had lost thirty ounces of blood from an abscess in the throat, brought on, as he imagined, from attendance upon medical friends laboring under malignant erysipelatous disease. To recover from this severe attack, fortunately unconnected with the trachea or lungs, he had gone to Scotland among his friends, and after freedom from exertion and care, by reveling amidst the romantic scenery of his native hills had returned to London in better health than he had enjoyed for many years. Before leaving London I saw him repeatedly, dined with him and Tobey and other friends in the most unrestrained way, talked on all subjects, professional, grave, farcical and funny, heard many queer anecdotes and histories of men, and hospitals, and medical schools, went back to the days when *he* was reveling at Edinburgh in the sweets of Barclay's rooms, and *I* in those of Monro—neither of us dreaming at the time that we should ever occupy similar chairs, or preach to those who some twenty years hence will be destined to play a part in the same drama, where they are now merely scene-shifters behind the stage, and who, in turn, will tell *their* pupils many old stories about their masters and contemporaries in days of "auld lang syne," "Sic unda supervenit undam," and it is only right and just that it should be so."

The abscess in the throat alluded to in the foregoing extract, was an aneurism, which shortly afterward proved fatal. The character of the disease, it seems, was not ascertained previous to his decease.

Passing to the second lecture, we give his account of Dr. Suetin, of Brussels, inventor of a modification of the *immoveable apparatus* called the *Bandage Amidonne.*

"The next day, at the appointed hour, Parkinson and myself directed our steps to the *Hopital St. Pierre*, and were soon joined by our friend Clemson, as an *amateur.* Half an hour elapsed, without evidence af Suetin, and his roistering car. being near. At last he came, and, out of breath, bolted through the shady grove, surrounding the venerable pile of buildings, crowded with patients of every age and sex—all too happy, when allowed to escape from its old and darksome wards, and to promenade, or rest, beneath the boughs of wide-spread beech and towering elms, where we ourselves had sought a cool and pleasant retreat from an oppressive morning sun. As he approached the spot where we stood, he joyously cried out: "There, you see, at once, how much can be done by my bandages, starch and cartons. Look at those boys with broken thighs and legs; see how they are skipping about with crutches and sticks, and some of their fractures not twelve days old! Could they do as much if encumbered by the bandages and splints of Boyer and Desault?" We were not prepared to gainsay his statements, or dispute his facts, which seemed to stare us in the face, and say—"I dare you to deny what he has advanced." "And now," he continued, "let me go to work, and give you further proofs of the excellence of my plans; for, although I have no perfectly recent case in the house upon which to demonstrate my methods and views, I will take, as an example, that boy's thigh, fractured eleven days ago, remove the dressings, and let you see for yourselves, whether it is shortened or, in any way deformed." Accordingly he commenced with a pair of strong spring shears, sharp at the extremity of one blade, probe-pointed at the other, to nip, or cut through the hardened case, which inclosed the limb, to the extent of a quarter of an inch at a time, continuing to cut until he had split the covering from the foot to the hip. Then, applying his fingers to the edges of the cut case, he *carefully* separated them from the limb by slow and gradual eversion: taking *especial* pains to support the thigh at the fractured part, and to disturb the whole limb as little as possible, until he effected its complete delivery from the mould, in which it had, as it were, been cast.

Its appearance, as he predicted, indicating nothing unfavorable, either on the surface of the skin, or in the position of the fragments of bone, he next placed, longitudinally, some *linen* strips, or compresses, over the skin, especially about the seat of fracture; then took a narrow roller, made of old, thick, but very soft, flexible *linen*, and applied it circularly, and with very moderate firmness, to the whole limb, with exception of the instep and toes, which were left uncovered as an index of the condition of the inclosed parts. A painter's brush, dipped in common starch, was then applied to the *edges* of the roller, and not over its entire surface, merely to connect them together externally: and, thereby, to prevent it from becoming stiff, and communicating close and disagreeable pressure to the skin beneath. Over the roller, thus applied, were laid parellel with the limb, and throughout its whole extent, several bags, or junks, about an inch and a half wide and half an inch thick, filled with tow: and between these, and also parallel with them, a piece of tape, the ends of which extended beyond the toes and hip. Another roller was made to surround the limb and junks, and starch applied to its edges, in the same cautious way. Over this second roller were then placed thick paper-splints, carton, or binder's boards, light, spongy, and soft, and free from glue, or any similar material calculated to stiffen them. These splints, previously softened by water extended from the spine of the ilium to the toes, were hollowed out and moulded to the limb, so as to surround it completely, and form a base, with the exception of the instep and toes. While these were held in their respective situations by assistants, Suetin applied another roller, well starched, except that portion which covered the *ridge of tha tibia*, and connected all the splints firmly together. His object in keeping the starch from touching the dressings over the tibia, was to avoid irritation, which he had from, experience, found uncomfortable to patients, and injurious. Shorter bands, or rollers, were next applied, circularly, especially over the seat of fracture, and well plastered with starch. A loop, made out of strong linen, was also connected by starch and rollers to the foot, and hung beneath its sole, for the purpose of extension, in case of shortening of the limb, by overlapping of the fragments. To fill up inequalities, and to prevent the starched edges of the rollers from giving pain, by their hardness, layers of carded cotton were placed in various situations, previous to the application of the splints. The whole process was completed by placing a piece of oiled silk, seven or eight inches square, on the inner and upper part of the thigh, to prevent the dressings from being soaked by urine, and the excoriation consequent thereto. In several other cases similar dressings were applied by Suetin—only modified by peculiarities of each case, and the individual bones broken, and in all with the same favorable result—without pain or complaint on the part of the patients, and with every prospect of perfect cure, whilst walking about with the assistance of a stick, or crutch. Under progress of treatment were shown to us, upon the same occasion, ten or twelve cases of fractured thighs, legs, arms, clavicles, all in a fair way towards consolidation of fragments and cure, without confinement to bed, or to the hospital, except at night. In the calvicle cases, the apparatus of Desault was applied, and the outer bandages, being well brushed and saturated with starch, seemed to hold their places so firmly as not to require, probably, a removal until a cure should be effected. After showing us all the wards of this large and ancient hospital, prescribing for its numerous syphilitic patients, male and female, and for various cases of medical surgery, *Suetin's* attention was called to one of those obscure and complicated fractures of the radius, just above the wrist, which the most eminent surgeons have found so difficult to detect and treat. The injury had been sustained a few hours before; and swelling having supervened, it became extremely difficult for any one to pronounce decisively, respecting the exact nature of the injury. Fatigued as he was, however, and almost worn out by the exertions he had made for several hours, in demonstrating, for our benefit, the principles which governed him, and the practice he employed in the treatment, not only of fractures, but of various other diseases, such as abscesses, ulcerations, carious joints, coxalgia, varicose veins, by the "*Bandage Amidonne*," he repaired, at once, to the assistance of the patient, examined his wrist, pronounced the injury to be a fracture of the radius, half an inch above its lower extremity, applied his dressings in such a way as to preserve the *interosseous space*, controlled the hand by a broad splint, extending beyond the fingers, fastened all together by his starched rollers, placed the forearm in a flexed position, sustained it by a sling, and promised the patient a perfect cure in two or three weeks. "How long," said I, "will you keep that apparatus applied?" "Only for two or three days." was the reply, "If." he continued, "it were suffered to remain too long, and without passive motion of the wrist, anchylosis or stiffness of tendons, might ensue." This convinced me he knew what he was about, and I left the hospital much edified by all I had seen; and convinced that the immovable apparatus, if managed with the skill and caution of a *Suetin*, is decidedly superior, in the generality of cases, to most other dressings; and equally well calculated to inflict a vast amount of injury, if employed by those ignorant of its mechanism and power."

This lecture closes with a narrative of the love, crime, and penitence of *Versalius*, the anatomist, which is said to have peen lately discovered written on parchment enclosed between two paintings by Titian, and purports to have been written by Versalius himself. The story has no relations to medicine except that the hero and autobiographer was an anatomist, yet such is its romantic, touching character, that the reader will not complain that it occupies about one third of the discourse. Were it more brief we should be tempted to transfer it to our columns.

If it were considered requisite that the subjects treated of in introductory discourses should have, at least, some remote connection with, or reference to those which are subsequently to be presented to the student in the course to which the discourse is introductory, the lectures of Prof. Gibson would be, on this score, obnoxious to criticism. Custom, however, appears to sanction the widest divergence from any such relation. The occasion is one on which the lecturer is at liberty to select any theme which suits his fancy. Whether there is an intrinsic propriety in this we do not say; but conventionality has established it, and we have therefore no right to quarrel with Prof. G. for availing himself of the privilege. Putting relevancy of topics out of the question, it may be doubted if these lectures are in perfect keeping with the time and place of their delivery. A captious critic might be disposed to ridicule an appearance of vanity, which leads the author in all his portraitures to represent himself as not the least prominent character in the picture. But it would be ill-natured, if not ungrateful, to take exceptions of this sort, when we are bound to confess that of all the performances of a similar character before us, there is perhaps not one which will be found to contain more entertaining, and useful information. Egotism on such an occasion is certainly less objectionable than on some other occasions; and it is far more excusable in Prof. G. than it would be in one less deservedly eminent.

The Jefferson Medical College has been unusually prolific in introductories the present session. Addresses by Professors Dunglison, Mitchell and Mutter, were published by the class.

Prof. Dunglison selects as the topics of his discourse some of the superstitious notions, and delusions, which appertain to the origin and history of medicine. We give the following extract from the concluding portion of the address:—

"It may be inferred, then, that from every passing sect or system; from every curative observance, rational or empirical, the judicious therapeutist may extract something that may tend to the advancement of the science, and the extension of his sphere of usefulness; and that it is the duty—as it ought to be the pleasure—of the philanthropic physician to adopt every improvement, no matter from what source it may emanate. To attempt, by the active opposition of the profession, to arrest quackery, even of the most contemptible kind, in its career, would be futile:—nay, more, the opposition is apt to be regarded by the laity as persecution, and persecution suggested by interested and sordid considerations. The human mind, moreover, is so constituted, that it loves mystery; and reposes more faith in that which is hidden—if unblushingly proclaimed—than in the most open and candid exhibition of really potent agents. All that is left, therefore, is for the profession, in every case, to wait until the mystery has been removed, and then to endeavor to appreciate and embrace the good that may flow from it.

Such is the view which reason and philanthropy would compel us to adopt; and if there be any thing perhaps that distinguishes the present condition of the medical mind from the past, it is the disposition of the wisest members of the profession to admit those principles more as rules of action than they did formerly. It is easier, however, to observe than to think; and hence the number of most useful, but not necessarily scientific, pioneers of science, who restrict their attention to contemplating and classifying morbid specimens as they would objects of natural history; without reflecting in what manner they may lead to the saving of life or the alleviation of suffering,—without seeming to give a thought, indeed to those all important results. With many of such individuals the disposition has been to narrow down the science of medicine to the mere observation of facts:—to carry it back to those periods when the ancient empirics "saw without discerning, administered without discriminating, and concluded without reasoning,"—a disposition which has been fostered by a recent writer of our own country in an able essay on what he terms the "Philosophy of Medical Science," who—after deprecating in place of lauding, as he ought to do—"the almost universal mania"—to use his own language—"which exists for explanations and interpretations of all phenomena"—remarks:

"The dominant feeling in the American medical mind, seems to be,—not what *are* the facts and their relationships—to what extent and with what degree of positiveness and accuracy, have they been ascertained?—but *why* are these facts and relationships such as is alleged? And *how* are they so? A vastly greater degree of importance is often attached to the possible, though, perhaps, wholly unattainable *why*, and *how*, and *wherefore* of the phenomena, than to the phenomena themselves; and in strict conformity to the requisitions of this strange philosophy, in many cases, unless some plausible or satisfactory answer can be given to these questions, the very existence of the phenomena themselves is coolly and complacently denied! We have practically reversed one of the sayings of John Hunter—'Don't think, but try'—and adopted its opposite—'Don't try, but think.'"

Yet John Hunter—possessed of the very highest qualifications as an investigator of nature—"unwearied"—as he has been described—"in induction, sagacious in grouping together analogous phenomena, and ever striving to ascend from propositions of less to those of greater generality," could scarcely have given utterance to so unphilosophical a sentiment. To try without thinking would be the veriest empiricism. It could, at best, lead to an additional accumulation of the so-called facts—some true, others false—which have been piled upon each other in glorious confusion for ages, and have ever weighed on the science;—from which we are daily, indeed, endeavoring to free ourselves. The mere observer of phenomena, who thinks not, is but the unenviable counterpart of him, who

——" Saw with his own eyes the moon was round,
Was also certain that the earth was square;
Because he had journey'd fifty miles, and found
No sign that it was circular anywhere."

The true philosopher, who wishes to interrogate nature on any branch of science, must, first of all, reflect or form his hypothesis; think, in other words, and then try. If he finds the results indicate that the phenomena do not accord with the hypothesis, and that it is insufficient, he abandons it, and has recourse to another—equally suggested by thinking—until ultimately he succeeds in adding one more step to the ladder of science. Thought suggests the experiment; experiment leads to observation, and thought again fixes the relationship. No number of facts or phenomena can constitute a science. The science—as before remarked—does not exist until we have systematized and deduced the laws of such phenomena. The maxim ascribed to Hunter ought, therefore, to be in reality reversed; and the one substituted for it should be:—"*Think* AND *try*." To enable you to do this satisfactorily will be the lofty object which I shall have in view throughout the course that it now opening before us. It will be my endeavor to sift for you the true from the false; the hypothetical assumption from the demonstrated law; to render you familiar with the phenomena of the science—the results of observations—but still more, to familiarize you with the investigation of the laws of these phenomena; to furnish you—in other words—with materials for thinking, and to render the process more easy to you."

Dr. Mitchell's address is an interesting and able performance, although desultory. He touches upon various points relating to education, and the condition of the profession of this country, from which we might select texts which would lead to extended comments. We will quote some passages upon different topics, adding, however, but few annotations. Speaking of private medical instruction, he says:—

"The system of instruction is imperfect, and must ever be so to students collected in classes. It is only in the office, and under the care of his private instructor, that the learner can reach the full benefit of practical education, or be thoroughly fitted to commence the practice of medicine. What the dissecting room is to the anatomist, and the dinner-table to the carver, are the lessons of the private preceptor to the medical freshman. With him, he can listen to the pulmonary motions, apply his ear to the cardiac region, and explore by palpation, the size and hardness of the liver, and thus obtain a practical persuasion of medical truth, which all the lecturing in the world cannot convey. It is in this respect that the education of physicians is most faulty, and I had hoped that the learned and dignified Convention, which met, in May, in Philadelphia, would have resolved to render more perfect this most essential part of the education of physicians."

For these, and other advantages to be derived from private instruction the writer enforces the necessity of *long vacations* between terms of lectures, from which we infer he is not in favor of extending the period of the latter to six months. The drift of a considerable portion of the discourse seems to be with reference to that point.

The following is apparently designed as a hit of the National Convention and those institutions which have adopted its recommendations:—

"There is at present, in all institutions, a kind of insurrectionary spirit for alteration and amendment. I say insurrectionary, because the spirit exists, not only where reform is really needed, but where alteration would do harm. The love of change has come over the people, and in morals, religion, temperance, anti-masonry, anti-slavery, fourierism, and nativeism, efforts after new conditions are on the wings of a vigorous enterprise. It was hardly to be wondered at, that medicine should catch at last the rank infection, and that physicians should also long for change, and endeavor to govern on some inflexible system, the schools and the legislation of nearly thirty states· But they have caught it, and have bestirred themselves to make things mend faster than would the general progress of society. The motive is good. The honor and interest of the first of professions are worthy of all the time and trouble bestowed upon it. But experiments must be made cautiously, The complex relations of medicine to society, require careful thought and long deliberation. And after all our care, too meddling a legislation has ever, by clipping too closely the wings of enterprise, endangered its safety, whilst it impeded its swiftness·"

The sentiments contained in the following quotation are as just, as they are patriotic. We commend to the attention of the reader the concluding paragraph:—

"Ever since the settlement of America, the condition of every thing in this country has been the constant theme of abuse. A wholesale dealer in slander, the great naturalist Buffon, denounced our climate and soil as scarcely fit for the habitation of man, and asserted that everything was belittled by them; that animals diminished in size, activity and courage, and that man, too, would degenerate into an enervated and useless being. This opinion, adopted by all Europe, without examination, was reiterated by the travellers in our own country so often, as to pass for an established truism on both sides of the Atlantic. The local prejudice which ties all other people with links of affectionate adamant to the soil upon which they were born, seemed wanting in the American, and with the humility of a provincial and a colonist, he looked to the mother country as the pattern of all excellence. No one deemed it worth the trouble to examine the foundation of such opinions, and they passed into unquestioned currency. An American was an inferior animal, his institutions were absurd, his climate destructive. Religion and morals were alleged to be here at their lowest ebb, and an American book of ordinary cleverness was esteemed a curiosity. Our noble profession came in for its full share of abuse, and the detraction of the last age yet hangs about it, an hereditary impediment. This delusion is sustained chiefly by those, who have, with a laudable desire for improvement, resorted to the foreign shools of medicine; but who, instead of sitting in judgment on the systems and men of Europe, implicitly adopt their authority, and return to despise the home and the profession which, as a whole, I firmly believe to have no equal.

In continuation of the same train of remark we quote the concluding portion of the address:—

"Enough has been adduced to show that we are not to draw our rules from the conservative wisdom of the old world, for any American purpose. Our institutions, our climate, our people are peculiar, and peculiarly as a nation are we situated. Ours is a land of progress; one in which men are to reach their ends by new and untried paths. The slow movement of European systems suits us not, and we must look hereafter with more distrust on the men of foreign or of domestic growth, who see in us nothing good, and believe that we can only succeed in policy, war or medicine, by a blind subserviency to orders from abroad.

After all the abuse that we have ourselves lately heaped upon American medicine, by way of convincing the public that it ought to distrust us, we loudly complain that it takes us at our word, and flies to homœpathy and hydropathy, whose practitioners do not expose their own absurdities. This conduct is the more inexcusable, as one of the greatest surgeons of the age,* after a long sojourn in the great capitals of Europe, assured me that he felt most proud of the American profession after he had been enabled to thoroughly compare it with that of Europe. "Sir," said he, "we stand as a profession on at least an equal footing, despite the many educational advantages which they are supposed to enjoy. I returned," continued he, "with a deeper impression of the dignity and skill of the general American Faculty." This great surgeon, equally distinguished by his skill as an operator, and his genius as a discoverer, belongs to no school, is of no party in medicine, and is remarkable for his sincerity and probity of character.

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* J. Rhea Barton, M. D.

Believe me, gentlemen, when I say, that after all the abuse so unjustly heaped upon our heads by American hands, the sentiments of my good and great friend, soothed not a little the wounded spirit of one, who may have many faults, but who is not wanting in reverence for his profession, and love for his country."

The discourse of Prof. Mutter is well written, and, in the main, the matter is judicious and sensible. The object of the author is to indicate to the medical student the "*requisites* of success." A *sound constitution* is the requisite first mentioned. The principle laid down, however, in the following quotation will perhaps strike some of our readers as rather too broad:—

It has been well observed by a distinguished veteran in our ranks, "that no axiom is more clearly established, or more generally admitted, than that which declares, that all that we practically are and therefore all that we can accomplish in our present state, is, for the most part, the result of our organization. If well organized, and in health, we are in a condition to be comfortable, prosperous, and useful; but if our organization be defective or unsound, the reverse is true. To our organization we are as exclusively indebted for the character and amount of our intellectual and moral qualities, as our physical; as positively so for the strength and activity of our reason and virtue, as of our muscles and joints. However paradoxical this may appear to some, or perhaps heterodoxical to others, a thorough knowledge of the physical man testifies to its truth. The brain is as truly and as obviously the organ of feeling, sentiment, and thought, as the glands are of secretion, and the muscles of motion. A large, healthy, and well formed brain, (if in proportion to the rest of the body,) therefore, gives strength of intellect and soundness of virtue to the philosopher and statesman, as certainly and directly, as large, healthy and well formed muscles and nerves give force to the arm of the smith or the leg of the dancer! The wisdom of *Ulysses* was no less the result of organization, than the swiftness of *Achilles*; and the morality of *Seneca*, equally so with the strength of *Milo*. One person differs from another in his intellect, not because his *spirit*, or his *principles* of *mind* is different, but because he differs in his organization! Nearly all that is requisite to be learned, therefore, to insure the highest improvement of the human race, is how to bestow on individuals the best organization. Carry this improvement to the highest attainable pitch and man is as perfect as he can be made, for he is now susceptible of the highest moral and intellectual cultivation."

Of the importance of health to the medical practitioner, the author speaks in terms which, however they may seem to those who have always enjoyed that inestimable blessing, will not appear exaggerated to him who, notwithstanding the disabilities and discouragements of disease, or an enfeebled constitution, is compelled to endure the labors and anxieties of professional duties, without abatement or relaxation. True is it that in none other of the walks of life are healthful activity and vigor so desirable, so indispensable as in the practice of medicine. We quote remarks on this subject:

"The old axiom, 'mens sana in corpore sano,' is full of wisdom, and if there is one among you so unfortunate as to possess a feeble constitution, let me counsel him as one who has dearly proven the misery of such a possession, to abandon the study of medicine at once, or at least until vigor and tone have been imparted to his frame. Without health, the professional life of a man is one long, dreary night of suffering and disappointment."

The writer next comments on the qualities essential to the surgeon as laid down by Celsus, viz: that he should be *young*, *adroit*, *ambidextrous*, and *without pity*. He remarks upon the fallaciousness of the last mentioned quality, and enforces the cultivation of sympathy, but, at the same time, the ability to control it.

Next, he speaks of preliminary education, a department of the subject of medical education which, in our view, is vastly more important than any other, and where reform is chiefly needed. We think Prof. M. is correct in his location of the responsibility of imperfectly educated Physicians. The difficulty is not with the schools, the schools do all that can be done in a given period of time; but they are not competent to perform the whole business of medical education. Private, as well as public instruction is necessary, and how small a proportion of medical students receive any of the advantages of the former.

It is vastly more important that checks and barriers should be placed at the commencement, than at the termination of medical pupilage, if we would succeed in shutting out of the profession those whose qualifications are defective. We concur fully in the remarks on this topic:

"I grant that as yet the education of our students is defective, and that many reach the *Doctorate* who are better qualified for the *plough;* but shall it always remain thus? Heaven forbid! But how is the evil to be remedied; does it rest with the *schools* to accomplish this mighty task? I would that I had an answer ready for the first portion of my query! It appears to me, however, that the first step in the great reform must be taken by the *country practitioners, and those who receive pupils into their offices.* If when a young gentlemen presents himself for admission, the intended preceptor would take the trouble to examine him as to his literary and scientific acquirements, and if found wanting, to assume the responsibility, and say to him, my young friend, go back for a year or two to some good literary institution, and prepare yourself for the abstruse and noble study of medicine, then come back to me and I will receive you with pleasure, much might be accomplished; for there is scarcely a youth in a thousand who would refuse the excellent advice, and by such a course the eyes of the community at large, would be opened to the difference between an educated, scientific physician, and the graduated ignoramus."

By way of encouragement to those whose opportunities for preparatory education have of necessity been limited, and in order to incite a spirit of emulation, the author adduces some of the glorious instances in which genius and perseverence have overcome every obstacle, and in which sister sciences, and even pursuits having no relationship with those of medicine, have been cultivated with distinguished success by those who, at the same time, were, or are eminent as medical practitioners. This is not the least interesting portion of the discourse, but we cannot do it justice without making larger quotations than our limits will allow.

The remaining "requisites" which the Professor enforces are, *a love for the profession, habits of industry, steadiness of purpose, good manners, good temper, and finaly, strict morality and virtue.* His remarks under each of these heads commend themselves to the judgement and taste of the reader.

In leaving the introductories of the Jefferson College, we hope we may be pardoned for expressing regret that a disposition to slur at the recommendations of the National Convention is too palpable to be overlooked. We trust that this institution may be convinced that the best interests of the profession, and its own best interests, will be subserved by a hearty concurrence, and co-operation in the objects proposed by the organization of a deliberative body representing the views and wishes of the profession of the whole country.

The only remaining introductory emanating from Philadelphia which our budget contains, is from the pen of Prof. D. Pereira Gardener, on the *relations of chemistry to the vital force.* Doct. Gardener is Prof. of Chemistry and medical jurisprudence in the fifth, (chronologically enumerated) of the medical institutions of Philadelphia. He is also favorably known as editor of a Medical Dictionary recently published.

The writer endeavors to illustrate the position that chemical and vital forces are so closely blended that, if, not identical, no line of demarcation can be drawn between them. He appears to advocate the doctrine of "equivocal generation." The views which he presents will not suit those who adhere to vitalism with a kind of religious infatuation. looking upon chemico-vitalism with as much obhorence as if it were a fatal heresy. For ourselves we are unable to see why purely vital facts should be considered more sacred than facts appertaining to physical or chemical science, inasmuch as all are equally attributable to Divine wisdom and power, and all are equally inscrutable by human comprehension. We are satisfied to seek truth, so far as our limited capacities will enable us to apprehend it, through any channel, and if by the application of physical or chemical principles to the phenomena of life, our knowledge of the latter will be extended, we can perceive no reason for dissatisfaction.

Prof. Gardener's lecture is more strictly introductory to the subjects of which he is to treat, and more philosophical in its character, than any of the discourses of which we have spoken. It is replete with striking facts and thoughts, clothed in highly figurative language. We select, almost at random, an extract which will serve as a specimen of the author's style, and of the views which he presents:

"Wherever a determinate combination of certain elements and the cellular figure are present, there the capacity to live is also. It is not in complex organs, in separated senses, in the perfection of vision, in a nice apparatus for the detection of sounds or odors, nor in members for locomotion, that life is alone manifested. These are improvements in the machinery but not in the agent, nor are they essential to the manifestation of a high degree of vitality. There may be found, during the summer, attached to the rootlets of the duckweed, little masses of a gelatinous substance; these are the creatures called Hydræ. It will be seen that the body is a clear, apparently homogenous jelly, the form rudimentary, consisting of a stem and a small sack surrounded by a few thread-like tentacula. Touch the water in which they sport, the creatures cease to move and fold themselves into a minute spheres, conscious of danger, possessed of the instinct to avoid it. Observe how they climb the sides of the vessel by their tentacula; how they move on a plain by a series of rapid somersets; with what skill they swim; how they suspend themselves from the surface of the liquid, watching for prey; man's capacity for locomotion is nothing to that of this animated speck. See the contentions of two who have some cause of quarrel; how they dart on each other and wrestle! Of what do they dispute? There is no apparent object of contention to justify so much strife—is it mere ill nature, the pride of strength, or a question in politics? Here are the perfection of locomotion, a capacity for enjoyment, anger, stratagem, self-preservation, fear, exquisite sensation, apparent sight, in a dot of jelly. But take a needle and break one of them into a hundred atoms, and each dilates into a new animal, vigorous and subtle as its parent. And why? Because the homogeneous cellules are each endowed with all the vitality of the hydra, which gains in its tentacula and stem only mechanical implements, not additional life. *What vital quality is here, and it is equal to the highest manifestation, is the property of every atom.* The separation of the senses into appropriate organs, adds to the convenience of the larger animals, but it cannot be shown that vitality is thereby increased. In all cases there is a nice adaptation perceptible between the organization and the wants of the being. The field of vision of the insect is but a point compared to that of man, but that minute space is ample for all his wants; to him it is a world rich in varied interest, creatures unseen by us are there disporting, tints, inappreciable to our gross sense light up every object—*there is a new universe in that point.* A world of music, a world of sensation lie around us, full of life, but which our organization cannot appreciate. Nor is this a subject of regret, for to possess this power would debar from greater; would reduce the body from the position assigned it as the tabernacle of the soul. Thus the poet:

> "Why has not man a microscopic eye?
> For this plain reason, man is not a fly.
> Say what the use, were finer optics given,
> To inspect a mite, not comprehend the heaven?

Or touch, if tremblingly alive all o'er,
To smart and agonise at every pore?
Or quick effluvia darting through the brain,
To die of a rose in aromatic pain?"—POPE.

So far as the properties of mineral and organic matter can be compared, there is not much dissimilitude. Living objects may not be larger than the ultimate atoms of bodies. The Rev. Mr. Reade states that forty-one thousand millions of Gaillonellæ occupy but a cubic inch, and Ehrenberg that ten thousand thousand millions of Bacillariæ are necessary to the same space, and each particle of these animals is living and characterized by the cellular figure. *Hence, it would appear that the property of life belongs to matter, the ultimate atoms of which are cellular and distinguishable from the solid spheroids of inanimate substances.* Again, if in the development of a crystal, millions of particles can be arranged in a symmetrical position during a short time, so in the multiplication of living things millions can be born in an hour. The eminent microscopist, Ehrenberg, has shown that from one almost imperceptible corpuscle, the Gaillonellæ increase in four days to 170 billions, and occupy a space of two cubic feet. Thus vital matter may be as minute as elementary atoms, as rapidly formed from mineral substances as a crystal can be deposited, may remain centuries inactive, and seems to be characterized by no peculiar physical properties. Moreover nearly if not all the elements can become the constituents of living cellules.

How then does the vital condition originate? We are told that it is supernatural, metaphysical. Impregnate distilled water with carbonic acid, add a drop of yeast, leave a little air in the bottle, and seal, expose to sunlight in the summer, and it will be found in a few days that a rich green vegetation has made its appearance. Dissolve an organic acid, or any of its salts, and before long there will be developed a fleecy conferva. In a fermenting solution of sugar, saccharomyces originate. Vegetable infusions in a few hours swarm with animalcules. In such cases it is impossible to discover anything more than a suitable condition of matter, arising not from supernatural agency, but from a peculiar grouping of the atoms, for there can be no seeds present. But in creatures which possess a more complicated frame-work, a cellule or aggregate of cellules is the parent, and this appears to be necessary to perpetuate the mechanism. Reproduction by germs is not an essential characteristic of vitality, for hundreds of genera perpetuate their species by fissiparous generation."

Since the foregoing, was written, by the kindness of a neighbor, we have had the pleasure of perusing another Philadelphia introductory, to wit., *a biographical memoir of the late Dr. George Mc Lellan by Prof. Darrack of the Pennsylvania Medical School.* The institution with which Prof. D. is connected was founded chiefly through the instrumentality of Dr. McLellan. The subject, therefore, was extremely appropriate on the occasion of the opening of the session succeeding his decease. The biographer, moreover, had been an early friend of the deceased, and sustained relations of intimate friendship during his brief, but brilliant professional career. We cannot do justice to this production, and to the subject, by a few extracts. Presenting, as it does, a highly interesting sketch of a lamented member of our profession, distinguished for his genius, industry, and zeal, it should be read entire, and were it to be generally circulated, as we hope it will be, we doubt not it would be one of the most generally acceptable of the introductories of the season. It is an able, feeling tribute to the memory of a talented Surgeon, and a cherished friend, and redounds to the credit of both heart and head of the author.

Here we leave the subject of *introductory addresses* for the present, designing to notice the remainder in the next number.

ART. II.—*Case of Acne Rosacea. Treated with Liquor Potassae Arsenitis.* Reported by A. O. Kellog, M.D., of Mariposa, C.W.

John McFaggart, aged fifty, farmer, of good general health, had been afflicted for nearly four years with Acne Rosacea. He had taken medicine of almost every description during that time, without any apparent benefit. He first consulted me, July 6th, 1847, and at that time was applying what appeared to me to be a solution of the bi-chloride of mercury, and taking sulphur, &c., prescribed by an apothecary. The following was his condition at the time:— The alimentary canal was extremely irritable; the only diet the patient could bear consisted of milk, rice, toast, &c. Every thing of an oily nature brought on diarrhœa, and aggravated the eruption. This occupied the whole of the face, extending into the hair above the forehead. There were also patches on the fore arms, and groin. The sub-cutaneous cellular tissue seemed deeply involved, indurated, giving the skin a rough, hard, uneven feeling to the hand passed over it. The projecting pustules were of a reddish tint, inclining to a brown shade. Some of them discharged a bloody purulent matter, forming slight incrustations; others discharged only when pressed. There was no itching exeept on approaching the fire, while warm in bed, or when he took sufficient exercise to produce perspiration; at these times he expressed it as intolerable.

I gave a guarded prognosis, explained to the patient the difficulty of cure by ordinary means, and he consented to follow patiently for a year any course of treatment which might possibly succeed in relieving him of his disgusting malady.

With this assurance, I determined to make a fair trial of the arsenic, but not having any by me at the time, I prescribed the comp. decoction of sarsaparilla with iodine, and told him to return in a few weeks. July 27, no change in the eruption. Notwithstanding the irritability of the alimentary canal, I now determined to commence with the arsenic.

I had prepared the medicine myself, according to the United States' Pharmacopœa, and directed him to take five drops of the liquor-potassae-arsenitis, three times a day with his meals, till a slight conjunctivitis ensued, when he was instructed to reduce the dose to three or four drops. August 8th, the medicine has had the desired effect. There is a slight conjunctivitis with lachymation; otherwise, he feels no effect from the medicine whatever. The itching continues as usual. The eruption on the face appears to be nearly, if not quite, as bad as ever. It is better, however, on the arms and groin. To continue the medicine.

Sept. 25th.—Has taken the medicine regularly. The disease appears to be, as he expresses it, "at a stand-still," yet the eruption on the arms and groin has nearly disappeared; the pustules on the face are paler; no discharge except on pressure. To continue the medicine—take four drops as usual. Oct. 27—visited me again. The disease he yet thinks "at a stand-still;" itching, on approaching the fire, or taking exercise, as great as ever on the face; no eruption on the arms or groin. The medicine to be continued.

Nov. 24th.—Visited me again. Says he thinks the medicine has "lost its strength, as it does not *affect his eyes*, as formerly." The eruption on the face, however, is better; some itching, as usual. I now directed him to take seven drops three times a day, with his meals. This dose he continued to take for a month, when he visited me again, to let me know, as he said, that he was *cured*. The eruption has quite disappeared, except a few small pustules on the forehead near the edge of the hair; no itching, whatever; skin smooth. He said he felt a decided change for the better directly after he began to take seven drops at a dose. I directed him to continue, lest the old enemy should re-appear, and should it, after discontinuing the medicine altogether, I have no doubt of being able to meet and conquer it with the same weapon. During the six months the patient was under treatment, he must have taken from three to four ounces of the liquor-potassae-arsenitis, without any one bad symptom whatever, notwithstanding the extreme irritability of the alimentary canal when he commenced its use. This attribute to the precaution of taking it on a full stomach. Administered in this way, it is not only free from all those bad effects spoken of by authors, but calculated to *remove* some of the very symptoms, (irritation of the alimentary canal, &c., which it is said to *bring on*, as in the case of the patient above), for which we are told to discontinue it altogether, and thus deprive ourselves of a valuable remedy, for which, in certain forms of skin disease, we have no substitute in the whole catalogue of medicines. No other remedy whatever was taken by the patient during the time he was taking the arsenic, except it might be occasionally a mild laxative. This shows that it is alone sufficient for the cure of a class of skin diseases which have been regarded by high authority as incurable. How it acts we cannot say—hardly form a theory. The fact of its efficacy, however, is certain, and this is sufficient. I have other cases which I am treating with the same medicine. One of *Lupus*, the result of which you shall be apprized of. For further information on this interesting subject, I would refer the reader to Mr. Hunt's papers in the Lancet, 1846, and to the interesting case of Dr. Chambers, in the same journal, and the same condensed in the fourteenth number of Braithwaite's Retrospect.

ART. III.—*Asclepias Tuberosa, Butter-fly-Weed, Milk Weed, Pleurisy Root, White Root.* By T. T. Lockwood, of Buffalo, N. Y.

The greatest care is necessary in collecting and preserving this root. As it is generally known in the country by the common name of Milk Weed, it is necessary to observe that this plant differs other species of Asclepias in not emiting a milky juice when wounded. The root should be collected about the first of October, cut in transverse slices, dried in the shade, and, as soon as sufficiently dried, pulverized and bottled. Pleurisy Root equalizes the circulation, produces copious expectoration and free diaphoresis, without inducing as much previous heat and excitement in the system as most other vegetable sudorifics. In the treatment of measles this root is often of essential service. When the rash is tardy in making its appearance, the cough harsh and dry, attended with pain in the eyes and fore part of the head, the warm decoction ot this root may be given with marked good effect. It is decidedly the most valuable medicine I have ever administered to bring out the rash in all eruptive diseases, after the phlogistic state of the system has been properly attended to.

Owing to the intimate relation existing between the mucus membranes and the cutaneous exhalants, the Pleurisy Root is a most useful remedy in bronchitis, catarrh, and chronic diarrhœa of long standing. This root is especially serviceable in sub-acute and chronic rheumatic affections, when they are attended with a dry and harsh skin. In this complaint the warm decoction may be given alternately with the tincture of colchicum. Opium in any form has a tendency to produce congestion of the brain, and to lock up the secretions; therefore, the Asclepias is preferable to Dover's Powder in all those low forms of fever in which there is a tendency to cerebral congestion, and where we wish to promote expectoration. In acute inflammation of the parenchyma, or of the serous membrane of the lungs, it will not do to rely upon the Pleurisy Root alone, but we should resort at once to active depletion. Asclepias Tuberosa possesses important medicinal properties. The warm decoction acts with as much certainty as a diaphoretic, as jalap does as a cathartic. It is peculiarly applicable to the diseases of children, as it posseses no disagreeable taste, or smell. I have frequently employed the Pleurisy Root in that continued and exhausting diarrhœa to which children are subject during the summer months, and generally with manifest advantage. In the latter complaint, the root should be boiled in fresh milk. Boil three drachms of this root in a quart of fresh milk down to one pint. Half an ounce of this is to be given every two or three hours. It generally excites a copious perspiration.

The White Root is applicable in every disease where diaphoresis and expectoration are to be promoted. The best mode of exhibiting this remedy is in the form of decoction. One ounce of the root may be boiled in three pints of water down to a quart, and given in doses of half a gill every half hour. Dose of the substance ten to fifteen grains.

FEBRUARY, 1848.

ART. IV.—*A System of Surgery.* By J. M. CHELIUS. Translated by John F. South. (*Review continued from page* 536.)

Third Division. Unnatural Coherence. Of fingers and toes, of joint-ends, of bones, of nostrils, of the tongue.

"The accidents which may occur after separating the tongue in the above cases are bleeding, and when the tongue has been divided to a great extent there is danger of suffocation. Attempts to stop bleeding of the wounded ranine artery must be made with little bundles of lint, moistened in styptics, Theden's arquebusade, or a solution of alum, which should be pressed against it with the finger ; or the actual cautery may be applied to the bleeding part, which in all cases is preferable to the compressors of Petit, Jourdain, and Lampe. Bleeding may also be produced by the child sucking his tongue ; in which case the blood will be swallowed. Care must, therefore, be taken for the first few days, that when he awake he be laid on his breast."

"Widening of the mouth by cutting at both corners, as formerly advised is useless, as the cut always again unites, and the deformity is worse. The treatment must vary according to the several degrees of narrowing and destruction of the lips."

We have succeeded perfectly in several instances in enlarging the mouth where it was preternaturally narrowed, by cutting to the required extent at the angles, and then attaching the mucous membrane to the skin by several delicate sutures. In this way, the mouth may be enlarged to any extent. We do not claim this practice as original with us, but we are not now prepared to say by whom it was first suggested.

Stricture of the œsophagus.—"The *prognosis*, in stricture of the *œsophagus*, depends on the kind and seat of that affection. The simple, membranous stricture admits a favorable *prognosis*, and may be completely got rid of by proper treatment. Callous and scirrhous stricture rarely allows any check to its developement, and, when one existing, its alleviation is scarcely possible, and still less its cure. Spasmodic stricture may mostly be got rid of by proper treatment; the disease however often recurs, is frequently very stubborn, and may run into organic stricture. In swellings which compress the *œsophagus*, the *prognosis* depends on their nature and seat."

Speaking of the introduction of a sound for the purpose of dilating a membranous stricture, Mr. South makes the following judicious remarks:—

"The introduction of the sound through the nostril is improper, much more painful to the patient, and, if it be thick, impossible; by this mode also the instrument more frequently slips into the windpipe, than in passing it by the mouth. This is proved by the violent disposition to cough, by the expulsion of the air with the sound, and the impossibility of speaking; it is right, however, to observe that frequently the disposition to cough, although the sound be thrust into the windpipe, is not so great; and that by the choking, when the sound is in the *œsophagus*, the air may be forced up from the stomach with a hissing noise."

In relation to Chelius's advice to protrude the tongue when entering the sound, Mr. South also observes:—

"The practice here recommended, of protruding the tongue, preparatory to passing the sound or bougie, and which, I believe, was first recommended by Home, is very objectionable, as in proportion must the *epiglottis* be raised, and greater facility for the entrance of the instrument into the windpipe afforded. Moreover, it is quite needless, as the passage into the beginning of the *œsophagus* is rendered easy by placing two fingers of the left hand upon the tongue, and pressing it into the bottom of the mouth, which readily exposes the whole cavity of the *pharynx*."

Stricture, &c., of the rectum, is a long and valuable chapter; *phimosis, paraphimosis and stricture of the urethra*, succeed: the latter is so replete with excellent suggestions, that we should be glad to copy it entire; indeed, in reading this volume for the purpose of presenting a condensed review of it, we have again and again stopped and looked forward to see whether any so valuable matter could be found in the succeeding pages, and again each time we have turned back and been compelled to admit that it is in every page replete with excellent advice. We cannot give preference where all is equally good, and no choice remains but to copy the whole or to select at random.

Closure and narrowing of the vagina and womb completes this *division*.

Fourth Division. Diseases dependent upon the presence of foreign bodies. This division is arranged by our author in the following manner :—

I. Foreign Bodies brought into our organism from without,
  1. Into the nostrils.
  2. ——— mouth.
  3. ——— œsophagus and intestinal canal.
  4. ——— air tube.

II. Unnatural collections of natural products.
  A. In their natural cavities and receptacles (retentions.)
    1. Ranula.
    2. Retention of urine.
    3. ——— the fœtus in the womb or in the belly (Cæsarean operation, division of the *pubes*, Gastrotomy.)
  B. External to their proper cavities and receptacles (extravasations.)
    1. Blood-swellings in newly-born children.
    2. Hæmatocle.
    3. Extravasation of blood in joints.

III. Collections of diseased products.
  1. Lymph swellings.
  2. Dropsy of the mucous bags.
  3. ——— joints.
  4. ——— the chest and *empyema.*
  5. ——— the head and *spina bifida.*
  6. Collections of pus in the breast-bone.
  7. Dropsy of the *pericardium.*
  8. ——— belly.
  9. ——— ovaries.
  10. Hydrocele.

IV. Formation of stony concretions.

Internal use of stone solvents.—"For stones consisting of uric acid, alkalies, for those of phosphates, the use of acids have been recommended, with corresponding dietetic treatment. In regard to acids, it must also be added, that they operate only against the phosphatic *diathesis*, and probably have no effect in dissolving stones, except by injection.

"Many empirical remedies consist principally of alkalies, as Stephens's remedy, and others. Some, as so many of the vegetable remedies, operate only by alleviation, through the large quantity of drink combined with their use. Many mineral waters operate both ways.

"The efficacy of these remedies has been too highly valued by many practitioners, and by others too much decried. If we cannot expect by the use of these remedies to dissolve large stones, yet, however, their increase may be prevented, the symptoms caused by the stone diminished, and small stones perhaps got rid of. Under circumstances which forbid the removal of a large stone by operation, or after the performance of an operation to get rid of the *diathesis* producing stone, their employment is very advantageous."

The following remarks on the solution of calculi, by injections into the bladder, are contained in the notes:—

"The most recent experiments made on this subject are those of Pelouze, from which it appears—*First*, that the effect of different agents upon urinary stones is less upon the substances of which they consist, than upon the animal matter. The operation proceeds very slowly, even out of the bladder. *Second*, that by drinks and baths a cure is scarcely ever effected. *Third*, that the result of injections, although they act more powerfully, is problematical, and the danger of inflammation is not counterbalanced, as in lithotrity, by a quick destruction of the stone. *Fourth*, that although the combination of lithotrity with injections increases the probability of success, yet it is most advisable to proceed with lithotrity.

"Prout observes:—'When the very weak state of the solvent that can be injected into the bladder is taken into account, the consequent length of the time necessary for continuing the experiment, and above all the refractory nature of certain *calculi*, I confess I am very much disposed to doubt if any solvent at present known can, in the great majority of instances, be ever so administered as to produce the desired effect; and this, I believe, is the general opinion on the subject.'

"'It has also been observed by chemists,' says Brodie, 'that lithic acid admits of being dissolved by a strong solution of pure or caustic alkali. It has been also observed that *calculi* composed of the phosphates are acted on by the mineral acids, and it may not unreasonably be entertained as a question, how far those changes, which take place out of the body, may be produced while the *calculus* is still in the bladder of a living person. * * * I fear those who have expected by these methods to relieve patients of lithic acid *calculi*, have much overrated the effects of alkaline *lixivia* on them. The fact is, that although alkalies certainly are capable of acting on this kind of *calculus*, their action, except when employed in a very concentrated form, is so inconsiderable, as to amount almost to nothing. Neither the stomach nor the bladder is capable of bearing the quantity of alkali which is necessary to the production of the desired effect; and even if they were, it would be impossible to maintain so constant a supply of the alkali as would be necessary to the destruction of a *calculus* of even moderate dimensions. Mr. Brande, moreover, has observed, that the carbonate of potass and soda have no action on lithic acid; that they are incapable of dissolving it; and that if the pure alkili be taken by the mouth, it never reaches the bladder in this state, but only in that of a carbonate; and here then is an insuperable objection to all attempts to dissolve lithic (uric) acid *calculi* by means of alkalies taken into the stomach. When there is a lithic (uric) acid *calculus* in the bladder, and the lithic acid *diathesis* prevails in the system, the first effect of alkalies taken into the stomach is to render the urine neutral; thus preventing the farther increase of the *calculus*. So far, then, alkalies are useful. But if they are administered in still larger quantity, so as to render the urine alkaline, the phosphates begin to be deposited. The *calculus* then continues to grow even more rapidly than before; but its composition is altered, and layers of the triple phosphate are deposited on the lithic acid nucleus. Such is the view of the subject taken by Mr. Brande.'

"Brodie shows the fallacy of the statements in reference to the presumed solution of stone, by observing that the fragments occasionally passing, are to be referred to fracture of the stone from mechanical causes, as already mentioned; or that the supposed fragments are in reality new formations, and the result of the medicines employed. As to the cessation of the symptoms, it is no proof the solution of the stone, as by the use of medicine, a fresh coating may be given to it of a less irritating character, and the stone still exist, as in the case of Admiral Douglas, mentioned by Astley Cooper.

"Brodie, however, considers that 'the mineral acids undoubtedly exercise a greater chemical action on *calculi* composed of the phosphates than alkalies do on those which are composed of lithic (uric) acid. * * * I found that where the mucous membrane of the bladder was not inflamed at all, or inflamed only in a slight degree, the proportion of nitric acid might be increased to two minims or two minims and a half of the concentrated acid to an ounce of distilled water, without any ill consequence or even inconvenience arising from it. I next endeavored to ascertain to what extent a solution of this strength was capable of acting on a *calcuus* of the mixed phosphates. The change produced was sufficiently obvious, especially when the solution was made to pass over the *calculus* in a stream for a considerable time. It gradually diminished in size, and at last began to be broken down into minute fragments.' For this purpose he at first used a gold catheter with a double channel, through which a constant current was kept up; but afterwards found an elastic gum bottle with a stop-cock, and elastic gum tube attached to it. He first washed out the bladder with distilled water to get rid of the *mucus* lodged in it, and then injected the solution of nitric acid very slowly, using the same liquid over and over again several times. The liquid was afterwards tested with a highly concentrated solution of pure ammonia, and it was found that if the ammonia was added in sufficient, but not too large quantity, the phosphates were precipitated in abundance. Hence he concludes, '*first*, that a *calculus*, composed externally of the phosphates, may be acted on by this injection, so as to become gradually reduced in size, while it is still in the bladder of a living person; *second*, that there is reason to believe that small *calculi*, composed throughout of the mixed phosphates, such as one met with in some cases of diseased prostate gland and bladder, are capable of being entirely dissolved under this mode of treatment, and that it is probable that it may therefore be applied with advantage to some of these cases in which, from the contracted state of the bladder, or from other circumstances, the extraction of such *calculi* by means of the urethra-forceps, cannot be accomplished.'"

Attempts have also been made by several persons to dissolve calculi by means of the galvanic pile. The proposal was first made by Gruithuisen; Prevost and Dumas have experimented upon animals, and it is said that an American, named Hull, made the attempt upon a man in London in 1844: with what success is not known.

Fifth Division. Diseases which consist in the degeneration of organic parts, or in the production cf new structures, including many varieties of tumors, polypi cancers, &c. &c.

"Cancer of the womb, like cancer in general, exhibits many varieties in its progress; in persons with dense fibre, it is rather the progressive ulceration of scirrhous parts, but in pasty persons it is mostly accompanied with fungous growths and very copious bleedings.

"The diagnosis is in general easy, and the more so as the practitioner is usually only first consulted when the disease has made some progress.

"Those diseased conditions, which at first have some resemblance to cancer of the womb, but are easily distinguishable, are chronic inflammation and benignant hardening, steatomatous (fibrous degeneration,) eversion of the womb, polyp, and medullary fungus.

"The 'Cauliflower Excrescence from the Os Uteri,' as it is called by Dr. Clark, is a form of disease by some regarded as truly cancerous, and by others as a morbid tissue, not necessarily of a malignant or carcinomatous nature. Upon this point, Simpson observes:—'A number of circumstances appear to me to show, that, in reference to, at least, the first stage of cauliflower excrescence, the opinion of these latter authors is probably correct. The occurrence of the disease in some cases as early as the twentieth year of life; its occasional shrinking, and almost total disappearance upon the application of a ligature, or after death; the frequent slowness of its general progress during life; the apparent absence of diseased deposits in the neighboring tissues and parts upon the dead body; and above all the alleged restriction, and even complete removal of the tumor in one or two instances, by the use of astringent applications and other simple means, form so many circumstances strongly pointing to the opinion, that in the earlier part of its progress, the tumor cannot be regarded as of a carcinomatous character. Has it any analogy in its pathological nature and origin—as it certainly has in its physical characters—with the soft warts and condyiomata that sometimes form on the mucous membrane of the vulva and entrance of the vagina? Those warts and condylomata have the same tendency to degeneration after their imperfect removal, and present to us a striking exception to the general pathological law of the local reproduction of a morbid growth being a sign of its malignancy. But whatever view we may take of the primary nature of the cauliflower excrescence of the cervix uteri, we have sufficient evidence for believing either that this disease has been often confounded with carcinomatous or medullary fungus from the cervix uteri, from the want of adequate diagnostic marks to distingish them; or that, though non-malignant in its commencement, the cauliflower excrescence may, like some other local benign growths, become the seat of carcinomatous deposit and malignant action, during its progress.' May the degree of mobility of the cervix uteri serve in any case as a source of diagnosis? 'The tendency of cancer,' as observed by Muller, 'is to interfere with the natural structure of surrounding parts, while these formations which are of a benignant nature, leave the neighboring healthy tissues unaltered.' In carcinomata of the cervix uteri, we thus generally find, even at a pretty early stage of the disease, that the organ has become more *fixed* and immovable than natural, in consequence of the morbid deposit affecting both the structure of the neck of the organ and the contiguous surrounding tissues. Does the reverse of this hold good with regard to cauliflower excrescence of the cervix uteri?"

Sixth Division. Loss of organic parts. Declaring the various modes of restoring lost or mutilated parts, including artificial or mechanical substitutes for limbs, &c.

Seventh Division. Superfluity of organic parts, such as supernumerary fingers, toes, teeth and double nose!

Eighth Divisisn. Elementary management of surgical operations. This is the final division, and considers all the operations in minor surgery such as bleeding, cupping, application of issues, introduction of setosn, also the major operations of amputation, pesection, &c.

On the whole, we rise from the perusal of this work with the conviction that if, in its omission of several important branches of surgery, it cannot be called a complete book upon surgery, yet it is one of the most learned and practical writings extant. It must at once take a place, wherever it is known, among the standard surgical authorities. The reader will however not fail to notice certain German-isms, or what we might style, medical Carlyle-isms, such as the almost constant use of the "radicals" jaw-bone, collar-bone, blade-bone, upper-arm-bone, cubit-bone, spoke-bone, mid-hand-bone, shin-bone, splint-bone, joint-ends, air-tube, tongue-string, &c., to which Mr. South has added not a few, such gruted cockney-isms, as "come to a stand-still," "hinder-end" and "front-end," with the scarcely less elegant terms "gut" and "belly," and a variety of other select phrases which since the days of Abernethy have been considered obsolete. Had an American written in this style of vulgar affectation, it would have furnished material for a volume of satire to some narrow brimmed Englishman. But a surgeon of St. Thomas may write and speak as he shall choose, either in the defence of his neighbors at Billingsgate, or of his friends Fagin and Likes at St. Giles, and no one dare say it is not in good taste.

F. H. H.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

On the Action of Medicines. By James Blake, M. D., Professor of Anatomy in the St. Louis University.

In the memoir, published in the last number of this Journal,* I brought forward a number of experiments which prove that as regards all the most rapidly fatal poisons, a sufficient interval always elapses between their application to any part of the body, and the appearance of the first symptoms of their action, for them to be carried to the brain through the medium of the circulation, and therefore that the theory of the action of poisons by means of impressions made on the extremities of the nerves, is opposed to the facts furnished us by these observations; for, did poisons act as is generally believed, through the medium of impressions made on the nerves, they ought to produce some symptoms of their action immediately on their application; and the interval, should any imaginary interval be required for the transmission of a nervous impression, could not be much longer in one animal than in another —whereas, the facts, brought forward in my last paper, show that there is a difference of twelve seconds between the time that elapses between the application of a poison and the appearance of the first symptoms of its action, according as the experiment is made, on a horse or on a rabbit. It is perfectly opposed to all our knowledge of the functions of the nerves, to suppose that any such difference can exist between different animals in the time required for an impression to be propagated along a nerve; in fact we have every reason to believe, that impressions received at one extremity of a nerve are as instantaneously perceived at the other, as is the electrial communication established through hundreds of miles by means of the electric telegraph—and that it involves almost an absurdity to suppose that a nervous impression should be sixteen seconds traveling from a horse's neck to his brain.

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* See January No. of Buffalo Medical Journal.

I shall now, however, enter on the consideration of another class of facts, which have been considered by some as affording positive evidence that poisons act only when they are brought into contact with those organs, the functions of which they affect—whilst by others, the deductions that most obviously arise from them, have been attempted to be set aside, by certain objections on account of the manner in which the experiments have been performed. It is not necessary that I should enter into many particulars on this part of the subject, as the experiments of Magendie, on the absorption of poisons, are probably known to all your readers. I shall merely relate two experiments, from amongst many that I have performed on this point, because I think they furnish the most striking evidence that could be brought forward, that a poison cannot produce any effect withont its being carried to the nervous centres, even though it should be absorbed. From the facility with which the stomach can be isolated from the other parts of the body, as regards the blood passing over it, without its nervous connexions with the system being at the same cut off, I have, in these experiments, made use of this organ as the point on which to apply the poison. The abdomen of a dog was opened and a ligature passed round the æsophagus at its cardiac termination. The vena porta was also included in another ligature, so that when this was tightened no blood circulated over the stomach, which was thus completely cut off from the rest of the system, as regards at least, the circulation, although many of its nervous communications remained unimpaired. The ligature around the vena porta was tightened, and three drachms of hydrocyanic acid were introduced into the stomach, through an opening made in its parieties. The animal remained apparent totally unaffected by the poison for the space of ten minutes, although it is evident that a large dose of a most powerful poison was thus brought into contact with a great extent of surface, liberally supplied with nerves, and those nerves the nerves of organic life, on which poison are supposed more particularly to act: after the poison had been in the stomach without producing any symptoms for ten minutes, the ligature around the vena porta was loosened, for a short time, and the animal immediately began to show symptoms of the action of the poison: the ligature around the vein was again tightened, so as to prevent the blood containing the poison, from circulating over the system. The quantity of poison, however, that had already entered the circulation, had been sufficient to arrest respiration, and the animal would undoubtedly have died had not artificial respiration been resorted to: after this had been continued for about ten minutes, the effects of the poison had so far gone off, that respiration was again performed naturally, showing the interesting fact, that an animal could be recovered from the effects of poisoning with hydrocyanic acid, with large doses of the poison still in the stomach, the poison being prevented from mixing with the blood circulating through the system. This experiment is certainly the most striking that I have performed on the absorption of poisons, for not only do we find that an animal remained unaffected by a large dose of hydrocyanic acid in the stomach, as long as it was prevented entering into the blood and being carried over the system, but we even see it recovering from the effects of a dose of poison, sufficient to have destroyed life, whilst there was still nearly three drachms of hydrocyanic acid in the stomach.

Objections, however, have been brought forward to the evidence furnished by the last experiment, conclusive as it must appear, on the grounds, that, whilst the blood was prevented circulating over the parieties of the stomach, its nerves were not in a state to propagate any impression that might be made on them. In order to remove this source of fallacy, should it exist, the following experiment was devised, in which it will be seen, that the nerves of the stomach whilst in contact with the poison, were in their natural condition as regards the circulation of the blood: a tube was inserted into the hepatic artery of a dog, the point of the tube looking towards the part where the artery comes off from the cœliac axis, so that any fluid injected through the tube would pass backwards into the cœliac axis, and thus become mixed with the blood circulating over the stomach and intestines. A ligature was passed round the vena porta, but was not tightened; the circulation over the surface of the stomach and intestines was thus carried on in its natural state, with the exception of the slight abstraction afforded by the ligature of the hepatic artery. A solution, containing seven grains of nitrate of strychnia, was injected, through the tube, in the hepatic artery, and thus became mixed with the blood circulating over the viscera; at the moment the injection was introduced the ligature round the vena porta was tightened, and an incision made into the vein on the visceral side of the ligature, so as to allow the blood, that was circulating over the viscera, to escape: by this means the blood containing the poison was allowed to circulate freely over the stomach, whilst, at the same time, it was prevented from entering into the general circulation. Under these circumstances no symptoms of the action of the poison manifested themselves for some minutes, and certainly not at the time that the blood containing it, was circulating over the vicera, and whilst it was in contact with the nerves witn which they are so freely supplied. The animal died in about five minutes, from the effects of poison and from loss of blood; but I have no doubt but that the poison had been absorbed, from the blood which had escaped from the vena porta, and which ran into the cavity of the abdomen. It is quite evident that the poison did not produce any impression on the nerves of the viscera, capable of giving rise to symptoms of poisoning, although it was in a sufficient quantity to have killed the animal in a few seconds. The facts brought forward in these last experiments, are, I think, sufficient to prove that a poison might be brought into contact with a large surface of the body, abundantly supplied with nerves, and yet that no symptoms of its action will manifest themselves, provided it be prevented from becoming directly applied to the nervous centres, by blood circulating through them.

We have only now to notice some experiments that have been brought forward, in a work on the action of Poisons, published a few years since, by Addison and Morgan, and which have been frequently appealed to, in proof that some poisons can produce general effects from an impression made on the nerves of the part to which they are directly applied. The most important experiment adduced by these gentlemen, in support of the local action of a poison, is that in which the jugular vein of a dog was exposed in a considerable part of its course: two ligatures were applied to it, three inches apart; a portion of woorara was introduced into that part of the vessel comprised between the ligatures, and the upper ligature was then removed. The blood was thus brought in contact with the poison which became applied to the parietes of the vein. In these circumstances, it is stated, that the poison rapidly produced its effects: and it is concluded that these effects were owing to an impression made on the nerves of the isolated portion of the vein. I would observe, however, that there must evidently be some fallacy in this experiment; for had the vein been pefectly isolated in the space comprised between the two ligatures, the only parts by which it still remained connected with the system were at those parts of the vessel beyond the ligatures, and thus, as far as nervous communication was concerned, it was in the same condition as if it had been entirely removed from the body, for a ligature still was around the lower part of the vessel, and one had previously been placed around the upper portion, an operation quite sufficient to incapacitate the nerves, which had been included in it, from performing their functions, and thus there remained no means by which an impression, made on the nerves, in the isolated portion of the vessel, could be transmitted to the nervous centres. As this obvious source of fallacy must have struck the authors of the experiment, did it really exist, I conclude that the vein could only have been partially separated from the surrounding tissues. In this case we have a ready explanation of the action of the poison: the free anastomoses which exist between the veins of opposite sides readily permitting the poison to beceme mixed with the blood circulating through the body. Even supposing the complete isolation of the vein, the ready manner in which solutions become diffused through fluids, would forbid the conclusion that the solution of the poison in the blood could be confined to the isolated portion of the vessel, it must speedily become mixed with the blood in the upper part of the vessel, above the point at which it was isolated, and thus could readily enter the general circulation.

Another experiment brought forward by these gentlemen to prove that a poison does not exert its effects by being taken into the blood, and thus applied to the nervous centres, is one in which they connect the carotid arteries of two dogs, in such a manner, that they suppose the blood from the heart of the one dog is sent to the brain of the other, and then, having inserted poison into the abdomen of the animal, the inferior ends of whose carotids are connected with the superior extremities of the carotids of the other they conclude that if the poison is absorbed into the blood, the second animal should feel its effects as well as the first, on account of the blood, containing the poison, passing into its carotids from the carotids of the dog to which the poison has been applied. This supposition, however, is entirely opposed to the physical arrangement of the vessels that supply the brain: were the carotids the only vessels going to this organ, the experiment would be a fair one; but, in the dog, the vertebral arteries are so large as readily to furnish a sufficient supply of blood to the brain, even when the carotids are tied. The only condition in which the blood could pass from one animal to the other is, by the pressure of the blood on the parietes of the superior end of the carotid of each dog being less than the pressure on the inferior portion of the carotid of the dog with which it was connected, and the quantity of blood that passed would be in proportion to the difference of pressure on the two ends of the tubes connecting the vessels. I have ascertained, by direct experiment with the hemadynamometer, that the pressure exerted on the parietes of a tube, inserted into the distant extremity of the carotid, is less by a column of mercury of not more than two or three tenths of an inch, than the pressure on a tube inserted into the end nearer the heart. If we suppose, therefore, that the pressure in the arterial system of each animal, was originally equal, (a fact by no means probable,) it is evident that but a very small quantity of blood can pass from the arteries of one animal to those of the other, and this only whilst both are in the same state. As soon as the poison begins to exert its influence on either animal, the pressure in its arterial system will be diminished, and thus, far from blood containing the poison being sent to the brain of the sound animal, the only effect of this arrangement will be to cause a reflux of pure blood, from the arteries of the sound dog, into those of the poisoned one. It is not surprising, that under these circumstances, the experiment furnished a negative result. It is evident, that from neither of these experiment, can any argument be deduced in favor of the local action of poisons.

Having now disposed of the evidence which has been brought forward in support of the local action of poisons, and from analogy for the local action, also, of a very large class of substances, used as medicinal agents, I shall offer a few remarks, on one or two practical points, on which the above facts have a direct bearing. It has been a question, which has often been discussed, and which, in many instances, has been decided against the evidence furnished by the above experiments, as to whether a person, who was known to have swallowed a very large dose of any of the more rapidly fatal poisons, could, after taking it, be able to perform certain acts indicating the possession of consciousness and voluntary motion. If, for instance, a person who had swallowed an ounce of strong hydrocyanic acid, might be able to cork the bottle from which it had been taken, to walk any distance, to place themselves on a bed, or, in fact, perform any other act indicating the possession of consciousness and the power of voluntary motion. Now, if we are to believe in the instantaneous action of these powerful poisons, we must answer this question in the negative; and, in those cases in which it can be proved that a person has swallowed a large dose of poison, and that, subsequently to taking it, we find the bottle corked, for example, or we find a person on a bed, at some distance from the spot where the vessel containing the poison had been placed, we are led to consider that some other party must have been present, and thus suspicion would naturally be thrown on any person who might have been present. A review of the facts brought forward in these memoirs will prove how erroneous would be any evidence based on such considerations—for even with large doses of the most rapidly fatal poisons, an interval of from twelve to fifteen seconds would elapse before any effect could be produced and, therefore, that if the individual, who had swallowed the poison retained sufficient presence of mind, there would be ample time for acts indicating consciousness and the perfect possession of the powers of voluntary motion to be performed; the interval, undoubtedly, is short, but I find, that at the ordinary rate of walking, it would be sufficient for a person to walk eighteen or twenty yards, or to perform any act not requiring more time than twelve to fifteen secouds to be accomplished in. To show how erroneous are the opinions, even of medical men, on this point, it is but a few years since, that in a trial before the jury in England, four medical men out of five, gave it as their opinion, that the fact of the bottle being found corked, and the deceased lying on a bed, in a case in which three drachms of hydrocyanic acid had been swallowed by a girl, necessarily proved that some person must have been with the deceased at the time the poison was taken; fortunately, however, in this instance, the medical evidence was disregarded, and the accused individual escaped; but it is probable, that cases have happened, in which more weight has been attached to the opinions of those whose duty it is to be conversant with facts of this sort.

The bearing of the facts here brought forward, on our therapeutical and physiological theories, would tend to render us more circumspect, in attributing the effects, of a large class of remedies, to any local action they may exert on the nerves of the part to which they are applied, and a knowledge of the fact that substances are generally absorbed into the blood, before they exert any marked action on the system, will direct our inquiries into the changes they give rise to in this fluid, or to the tissues of the different organs to which they become applied. It is always an advantage, in the solution of any problem, to define, by a careful analysis, the limits or the exact nature of the question to be solved, and, in no instance, is this more necessary than in elucidating the complicated phenomena presented to us by physiology and pathology. The question as to whether it is by the changes that these poisons effect in the blood, or whether merely by an action that they exert on the central points of the nervous system, or whether, in fact, it is by changes which take place, both in the blood and in the nervous centres, that these substances produce their effects, is a point which I have not yet been able to determine, and I fear it must be left undecided until the attention of physiologists shall have been, in some degree, diverted from the mere material or physical structure of the organism, to an investigation of the more important chemical properties of the solids and fluids. Simple observation is not sufficient to enable us to discover the properties of these elements; as well might the chemist attempt to discover the properties of oxygen, by simply observing the phenomena of ordinary combustion, as for the physiologist to expect to arrive at a knowledge of the properties of the various elements of which the living organism is composed, by simply observing the natural processes in which these processes are called into play. It is only by following the experimental method, a method that has furnished such brilliant results in the study of inorganic chemistry, that we can hope to throw any light into the dark arcana of the living organism: from this source, and this source alone, I am convinced we are destined to receive the only light that can guide us in our researches into the complicated properties going on in living bodies, and it is this branch of physiology that I would recommend to the consideration of those of your readers, whose object it is advance that science, which can be the only sure basis of a rational system of therapeutics.—*St. Louis Med. and Surg. Jour.*

M. Jobert's Method of Treating Fractures.—For the last fourteen years, M. Jobert has treated fractures of the leg, I may say, without the bandage. It would be strange, indeed, if a man of his intelligence, who in more than one respect is in advance of his countrymen, should persist in any plan of treatment, for so many years, if it were not at least equal, and on some accounts superior, to the more common, and, as I might say, more orthodox systems. Placing the fractured member upon a cushion, he embraces the foot with a simple bandage, in the form of a stirrup, the ends of which serve to effect extension, which is afterwards rendered permanent by their being firmly attached to the foot of the bed. Counter-extension is practiced by means of a towel, the centre of which is placed upon the pelvis, and the two extremities fastened to the head of the bed. In this way the limb is ready for the application of topical remedies if rendered necessary, either by a wound of the integuments, a phlegmon, or any other affection. This, however, according to Jobert, is not the only advantage of this method of treatment. The fractured limb, not being submitted to any compression, its circulation is performed as in the normal state; and certainly it cannot be denied that this is a condition in every way favorable to the prompt formation of the callus. Moreover, in the leg, the muscular powers act but little, and a feeble force is sufficient to maintain the osseous fragments in a position suitable for obtaining a consolidation without shortening.

I do not propose to compare this mode of treatment of fractures of the leg with those employed by other surgeons. It is at any rate simple, and any who will follow M. Jobert in his visits will see, among probably the largest number of fractures that are to be found in any service in Paris, the most perfect and beautiful cures of this class of accidents effected by a strip of bandage and a towel. —*Foreign Correspondence of Western Jour. of Med. and Sur.*

Psychological.—During an attack of delirium, many people have learned to read and write with great rapidity, but have been unable to do either after their reason returned, and increased determination of blood to the brain had ceased. Another attack of insanity, however, revived their memory and their ability to read and write. Many people have their recollection of past events wonderfully restored by dreams. Several instances of this kind are related by Dr. Abercrombie, in his "Inquiries concerning the Intellectual Powers;" but they may be accounted for by the increased activity of certain portions of the brain, during sleep. In somnambulism, which differs but little from dreaming, some persons have been able to recollect things long forgotten, and to talk in a language of which they possessed no knowledge when awake, but with which they had in early life some partial acquaintance. This wonderful power of the memory has been frequently exhibited, by a few, when under great excitement; and, in ignorant and fanatical times, has induced a belief in the gift of tongues. Those who had learned but little of a language when young, and had totally forgotten it, were now, when in a convulsive state, able to speak it fluently; while others were able to repeat long passages from books that they had never read but once, and had not seen for many years. Similar effects have been produced by *animal magnetism*, which, as every one knows, powerfully affects the imagination. During the state of "extase," caused by *magnetism*, the memory has often been surprisingly perfected; and some have been rendered able to speak in a language they had long forgotton. This state was always accompanied by symptoms that showed an increased determination of blood to the head. All had slight convulsions, the face became red, the eyes bright, and after awhile humid.

Like effects are produced by disease of the brain, which sometimes will revive whatever has been at any time in the memory. They are not rare, says M. Bertrand, in all diseases which greatly excite the brain. M. Moreau (de la Sarthe) says, in the *Encyclopedie Methodique*, (Art. Medicine Mentale,) that he had the care of a child twelve or thirteen years of age, who had studied the Latin language a little, but was not able to speak it when in health, but who, during the excitement of fever, spoke it fluently.

The following case which occurred in Germany, is related in Coleridge's *Biographia Literaria:*

A young woman of four or five-and-twenty, who could neither read nor write, was seized with a nervous fever; during which, according to the asseverations of all the priests and monks of the neighborhood, she becamed *possessed*, and, as it appeared, by a very learned devil. She continued incessantly talking Latin, Greek, and Hebrew in very pompous tones, and with most distinct enunciation. The case had attracted the particular attention of a young physician, and, by his statement, many eminent physiologists and psychologists visited the town, and cross-examined this singular case on the spot. Sheets full of her ravings were taken down from her own mouth, and were found to consist of sentences coherent and intelligible, each for itself, but with little or no connection with each other. Of the Hebrew, a small proportion only could be traced to the Bible; the remainder seemed to be Rabbinical dialect. All trick or conspiracy was out of the question. Not only had the young woman ever been a harmless, simple creature, but she was evidently laboring under a nervous fever. In the town in which she had been residing for so many years, as a servant in different families, no solution presented itself. The young physician, however, determined to trace her past life, step by step; for the patient herself was incapable of returning a rational answer.

He at length succeeded in discovering the place where her parents had lived; travelled thither, found *them* dead, but an uncle surviving; and from him learned that the patient had been charitably taken by an old protestant pastor at nine years, and had remained with him some years, even till the old man's death. Of this pastor the uncle knew nothing, but that he was a very good man. With great difficulty, and after much search, our young medical philosopher discovered a niece of the pastor's, who had lived with him as housekeeper, and had inherited his effects. She remembered the girl; related that her venerable uncle had been too indulgent, and could not bear to have the girl scolded; that she was willing to have kept her, but that after her patron's death, the girl herself refused to stay. Anxious inquiries were then, of course, made concerning the pastor's habits, and the solution of the phenomenon was soon obtained. For it appeared, that it had been the old man's custom for years, to walk up and down a passage of his house, into which the kitchen door opened, and read to himself, with a loud voice, out of his favorite books. A considerable number of these were still in the niece's possession. She added, that he was a learned man, and a great Hebraist. Among the books were found a collection of Rabbinical writings, together with several of the Greek and Latin Fathers; and the physicians succeeded in identifying so many of the passages with those taken down at the young woman's bedside, that no doubt could remain in any rational mind, concerning the true origin of the impressions made on her nervous system.

This authentical case furnishes both proof and instance, that relics of sensation may exist, for an indefinite time, in a latent state, in the very same order in which they were originally impressed; and as we cannot rationally suppose the feverish state of the brain to act in any other way than as a stimulus, this fact, (and it would not be difficult to adduce several of the same kind,) contributes to make it even probable, that all thoughts are, in themselves, imperishable; and that if the intelligent faculty should be rendered more comprehensive, it would require only a different and apportioned organization, *the body celestial* instead of *the body terrestrial*, to bring before every human soul the collective experience of its whole past existence. And this—this, perchance, is the dread book of judgment, in whose mysterious hieroglyphics every idle word is recorded! Yea, in the very nature of a living spirit, it may be more possible that heaven and earth should pass away, than that a single act or a single thought, should be lost.—*American Journal of Insanity.*

On the use of astringent and stimulating injections in profuse suppuration. By DANIEL BRAINARD, M. D., Professor of Surgery in Rush Medical College.

Every practical surgeon must have met with cases of suppuration following upon erysipelatous or morbid inflamation, in which the tissues seem to melt away, or be dissolved in pus, and those who have the care of hospitals, or have practiced where the epidemic erysipelas was prevalent, can testify to the frequency with which this abundant suppuration carries off patients; those, especially, who have lost much blood from wounds or operations, or who addicted to the use of alcoholic drinks, or debilitated from previous disease, when attacked with diffuse suppuration, are speedily exhausted by the discharge, if not poisoned by the absorption of pus into the system.

Under these circumstances, the ordinarv means recommended are often, if not generally ineffectual; for wine, bark, brandy, acids, and nourishing soups, although they support the strength and prolong life, are, for the most part, but partial palliatives, for they can neither restore the waste of blood from copious suppuration, nor prevent purulent absorption or its effects, nor indeed be retained in considerable quantities in the stomach. Hence it becomes necessary to resort to other means, and that which we would recommend to the profession is the direct application of stimulant and astringent solutions to the purulent surface.

Pus is a fluid containing corpuscles analagous to those of the blood, rich in the nutritive portions of that fluid, and when lost in large quantities, is attended with the same results as hemorrhage or profuse serous diarrhœa. If the term serous hemorrhage be applicable to this latter disease, that of purulent hemorrhoge is much more suitable for these cases which we are at present considering, and since, in an oozing of blood from a mucus or cut surface, or in a serous discharge, we resort at once and with promptness to local astringents, or the internal use of acetate of lead and opium, so in case of exhausting suppuration we should use powerfully astringent and stimulating applications directly to the pus forming surface—astringent for the purpose of checking its formation, and stimulant for the purpose of exciting adhesive inflamation, preventing the diffusion of pus among the tissues, and guarding against its resorption by the vessels. In this latter we have an important danger to guard against, which we do not fear either in cases of hemorrhage or effusions of serum.

After having, during several years, in which erysipelas and extensive suppuration were prevalent, seen patients sink more or less rapidly in spite of other means, we determined to put the above views into practice in a case of an extremely hopeless character which came under our care.

Oliver Benson, a healthy sailor, of 31 years of age, received, on the 9th of Nov., 1847, a severe compound fracture of the right leg, three inches above the ankle, attended with much laceration of the skin, contusion of the muscles, comminution of the bones, and rupture of the anterior tibial artery and nerve. Amputation was judged necessary, and performed immediately, about four inches below the knee, in presence of the medical class; but before this was resorted to he was already greatly exhausted from loss of blood. During the following night he was restless, and moved the stump so violently as to cause some hemorrhage. For the two succeeding days he was restless, suffering pain in the stump and various parts of the body. Pulse quick; tongue coated. On the third day the stump seemed to be nearly healed by the first intention, and was not inflamed, but on the morning of the fourth an erysipelas was perceptible around the wound. A cathartic of calomel was administered, and evaporating lotions applied to the inflamed part. The disease, however, was not checked, but extended up, on the outside, above the knee, and on the third day from its commencement, fluctuation was perceived about three inches above the knee. The abscess having opened, a copious discharge of pus took place. The next day, the abscess had spread upward above the middle, and upon the under side of the thigh, and the suppuration was still more abundant. Two other openings were made, and compresses and a roller applied. This did not arrest it; the erysipelas extended to the hip and side of the body, and the suppuration to the pelvis, and sloughs were drawn out from the openings. While the disease was making this progress, the symtoms became aggravated, with prostration, diarrhœa, and occasional vomiting, for which, opium, and acetate of lead, wine, capsicum, and animal broths were given to the extent of tolerance, but without effect.

At this period we made a saturated solution of alum in water, to which was added four grains of sul. copper to the ounce, and after evacuating the pus by free orifices, the whole cavity of the absess was filled with this solution, and the orifices being closed, it was retained until the smarting and pain were severe, and then allowed to escape, and pure water injected to wash it out. The roller and compresses were then applied. The immediate result was the reduction of the discharge from twenty ounces, to three or four, in twenty-four hours, and this was of healthy consistence.

The suppuration extended no further, and the progress of the disease was arrested. The injections were repeated daily for a week. The stump which had commenced to slough, assumed a healthy appearance, and the patient became speedily convalescent.

The principle upon which the practice is based, is the same as that upon which blisters are used in similar cases, viz: exciting a healthy inflamation; but the injections have the additional advantage of arresting the discharge, and producing in the walls of the abscess an adhesive process, by which its progress is arrested.

The efficacy of such injections into purulent cavities connected with scrofulous joints, has long been familiar to us, and some illustrations of its effects in such cases, were given in a former number of this journal, under the head of amputation in such cases. Our further reflections and experience have led us to recommend its use in all those cases in which the system is exhausted by purulent formations from the blood, beyond the power of nutritive process to supply. There are great numbers of these cases in which death is not caused by disease of vital organs, but by the drain upon the system. Such are the diffuse suppurations from erysipelas, from abscesses near carious joints, from disease of spine, as in lumbar and psoas abscesses, and in extensive deposits from purulent absorptions.

These being all either very dangerous, or entirely hopeless cases, under the best treatment hitherto pursued, the discovery of additional means of resisting them is greatly to be desired, and it is with the hope that the practice here recommended may be of this kind, that these observations are submitted to the profession.—*Illinois Med. and Surg. Journal.*

Liston and Dieffenbach.—Within four weeks of each other we have to deplore the deaths of Liston and Dieffenbach, both of whom acquired a degree of professional renown that entitles them to consideration in our pages.

Robert Liston was born on the 28th of October, 1794, in the Manse of Ecclesmachan, Linlithgow. His father, the Rev. Henry Liston, was the minister of that parish, and distinguished for his musical acquirements and classical knowledge. Under his tuition Robert became a sound Latin scholar; so that, on subsequently attending the humanity classes in Edinburgh, he obtained a prize for composition in that language. In 1810, he commenced the study of medicine by attending the lectures of Dr. Barclay, who afterwards appointed him his assistant, in which capacity he distinguished himself as a skillful anatomist. During the subsequent six years he followed the usual course of medical education, and went through the office of dresser, clinical clerk, and house clerk in the Royal Infirmary. In 1816 he visited London, where he studied a year under Sir William Blizard, and Mr. Thomas Blizard, of the London Hospital, and Mr. Abernethy at St. Bartholomews. He became a member of the Royal College of Surgeons in London, and subsequently returned to Edinburgh, where he established himself. He was elected a Fellow of the Royal College of Surgeons of that city in 1818. writing, for his probationary essay, "On Strictures of the Urethra, and some of their consequences."

Mr. Liston now commenced his career as a lecturer on anatomy and surgery, and early became remarkable for the boldness and skill with which he operated. At that time surgery was not so advanced in Edinburgh as it afterwards became; and many cases considered incurable by the officers of the Royal Infirmary, fell into his hands on being discharged from that institution, and were by him made subjects of highly successful operations. His rivals charged him with inveigling patients out of the Infirmary for that purpose, a charge which he denied, boldly asserting his right to operate on and benefit those who had been considered incurable by others. One case especially excited great attention. It was that of a tumour firmly attached to the scapula; which, after a consultation of the surgeons of the Infirmary, was considered an improper subject for operation, and discharged. Mr. Liston afterwards resolved on removing it, together with a part of the shoulder blade, an operation which he performed on the 16th of November, 1819. Unfortunately the disease returned in the portion of the bone which was left, just as the wound was well; when Mr. Liston proposed the removal of the diseased bone and arm as the only means of saving life. No surgeon in Edinburgh, however, would assist him in the operation, and he was obliged to abandon the poor boy to his fate. He died three months after, and the surgeon in Kinross who examined the body, on forwarding to him the diseased part, stated, "We performed, in its removal precisely the operation which you proposed to save the unfortunate lad; and I now regret that it was not done when he was last under your care. The disease, you will perceive, had no connexion with any of the vital organs."

This, and several other cases of a similar kind, gave rise to great discussion in the Infirmary, and it was proposed to him on the part of the managers, that he should refuse his assistance to any person who had been a patient in that institution, and that he should abstain from visiting or attending the wards. He declined both these propositions, and, in consequence, was expelled, and never entered its gates for a period of five years. At the expiration of that time, however, in 1827, he was suddenly elected one of the surgeons, not owing to any merit he possed as an operator, but to some private influence which he skilfully forced to be exerted in his favor.

There was now opened to him a field for the proper display of his powers, and the boldness, skill, and rapidity of his operations acquired for him a European reputation. Who that once saw Liston perform a capital operation could ever forget it? The manner in which he handled the knife had in it something remarkable. It at once put the spectators at their ease, and convinced them that the instrument would not go any where, or do any thing, but what it ought. He possessed a confidence and self-possession that no untoward event ever disturbed; a readiness in suddenly applying expedients, that seemed to the inexperienced the result of forethought; and a power in his muscular arm and bony hands that enabled him to twist, depress, or elevate parts, with an ease that appeared almost magical. As a lithotomist he has never been surpassed, and his flap operations were performed with such rapidity, that the sound of sawing seemed to succeed immediately the first flash of the knife. With him the length of operations were estimated by seconds instead of minutes, and the student who unwarily turned his head to address his neighbor, on looking round discovered that what he had struggled so much to witness, had already been performed. In all this, however, there was no real hurry; it was the result of a skillful combination of movements, performed with precision and exactitude. In more complicated operations, when he wished to use both hands, he saved much time, holding the knife by the handle in his mouth, instead of entrusting it to an assistant, or laying it down, a habit he was led to adopt from having carefully watched the manner in which the butchers of Edinburgh rapidly separated the different joints of meat.

As an example of the readiness with which he encountered difficulties, we may relate the following incident, communicated to us by one who was present. He had amputated a leg for extensive necrosis and chronic disease of its bones. The patient was feeble, and yet, after securing many vessels, hemorrhage was still abundant from the cut surfaces. More vessels were secured, but the bleeding continued and Professor Russel, who was assisting him, became alarmed lest the patient should sink on the table. At this moment it was discovered that the blood was oozing from an enlarged vessel in the substance of the bone. There was a panic of a few seconds, and every one whispered, what was to be done? Liston immediately sliced off a piece of wood from the operating table with his large amputating knife, and rapidly formed it into a plug, which he thrust into the mouth of the bleeding vessel. The hemorrhage ceased immediately, and the patient recovered.

In 1835, he accepted the invitation of the Council of University College to fill the chair of Clinical Surgery, and left Edinburgh for London. He soon obtained a large practice, and, on the death of Sir Anthony Carlisle, in 1840, was appointed member of the council of the college of surgeons. In 1846, he became one of the board of examiners, and had thus reached almost the highest honors of the profession in the capital of the empire, when his life terminated.

In the spring of 1847, he complained of constriction in the larynx, a sense of choking on stooping forwards, and difficulty of deglutition. Late in July, he coughed up between thirty and forty ounces of blood. He himself hinted at the possibility of an aneurism existing; but there was no physical signs of such a lesion perceptible to his medical attendants. In the beginning of October, the cough returned, became gradually worse, and was attended with rusty-colored sputa. On the 1st of December, he was seized with what appeared to be spasmodic asthma. Attacks of dyspnœa supervened, which, during the six following days, gradually became more frequent and intense, and produced such exhaustion that he died on the evening of the 7th. On examination, an aneurism of the arch of the aorta was discovered, pressing upon the trachea, the mucous membrane of which was perforated by ulceration in three or four places, although the aperture was blocked up by the coagula in the sac of the aneurism.

Mr. Liston's contributions to the literature of his profession were not very numerons. His first publication is entitled, "Memoir on the Formation and Connexions of the Crural Arch, and other parts concerned in Inguinal and Femoral Hernia. 4to. 1819. With plates." He communicated, also, to the "Edinburgh Medical and

Surgical Journal" some papers, the first of which was inserted in the 16th volume of that periodical, and consisted of cases of aneurism, and an account of a case of fracture of the neck of the femur, in which a bony reunion had taken place within the capsular ligament. Other late Memoirs were inserted in the Transactions of the Royal Medico-Chiurgical Society of London. In 1831, he published his "Elements of Surgery," and, in 1837, the "Practical Surgery," a work which has gone through four editions, and is justly esteemed as one of the best guides on the subject of which it treats, now extant.

The improvements he introduced into the art of surgery, though few were not unimportant. To him the surgical school of Edinburgh is indebted for the simple mode of dressing wounds which at present prevails, by lint saturated in water and covered with oil silk, instead of the greasy applications, strapping, and continued poulticing, which formerly prevailed. He was a great simplifier of instruments, his profound knowledge of anatomy enabling him to guide the straight bistoury with the utmost precision in the deepest and darkest recesses of the body. The bone nippers which he invented has every where been recognized as a most invaluable instrument to the surgeon, and, in his powerful hands, did wonders. We have seen him cut through the femur of a child with them at once, without any apparent effort. His operations also materially conduced to the introduction of the flap method of performing amputations, on which subject he wrote a paper. Such, we believe, are the principal claims he has upon the regards of posterity. The fact is, that celebrity with him did not so much depend on what he did, as on how it was performed. None possessed more practical tact, formed juster conclusion, and treated a case more appropriately, than Mr. Liston. All this he did intuitively, often without being enabled to give reasons for his mode of acting—a circumstance which caused him to make a better appearance at the bedside, and in the opperating theatre, than in the lecture room. His medical treatment consisted principally in the exhibition of wine, antimony, and quinine, three remedies which he employed with consummate skill. We must not forget to mention that Mr. Liston has the merit of having early perceived the great advantages of investigating the minute structure of tissues and morbid growths by means of the microscope. On this subject he was quite *au courant* with the present state of science, and communicated to the Medico-Chirurgical Transactions of London an interesting paper on the vessels of lymph.

In private life Mr. Liston succeeded in forming many lasting friendships. It cannot be denied, however, that he frequently exhibited to those around him a degree of temper and coarseness of language which was often painful to witness. His apprentices, dressers, and clerks, however, got accustomed to this, and he had the art, by a subsequent degree of condescension, or a well-timed invitation to dinner, to make them forget his ill treatment. He was exceedingly fond of nautical pursuits, and of hunting. When in Edinburgh he frequently followed the hounds, and although a heavy weight, made a good appearance in the field. In London he kept a yacht on the Thames, in the relaxations of which he indulged up to a few weeks of his death. He was buried at the Highgate Cemetery, near which the hearse was met by upwards of four hundred of his pupils and his friends. These attended the body to the church, and from thence to the grave, where nearly three thousand persons, it is said, "were collected to pay their last testimony of respect to one whom, when living, they had been, in most instances, indebted for relief from personal suffering."

John Frederich Dieffenbach was a native of Konigsburgh, and a son of a professor of theology in the university of that city. Destined in early life for the church, Dieffenbach commenced his career as a student of theology, to the study of which, however, he seemed disinclined; for, at the age of eighteen, he volunteered into the Mecklenburg cavalry, and remained in that regiment during the last campaign for the deliverance of Germany. The war being ended, he resumed his theological studies, but soon devoted his talents to the study of surgery, under the tuition of Professor Walthus, in the university of Bonne.

In 1822, at the age of twenty-seven, he went to Paris and became the pupil of Larry and Dupuytren. His inaugural dissertation before the faculty of Wurzburg, on the transplantation of parts of the human body, seems to have been the first evidence of his partiality for that branch of surgery for which his name afterwards became so justly celebrated—rhinoplastic surgery.

On leaving Paris, he established himself in Berlin, where, from some interesting works which he published, and from his talents and extreme ingenuity as an operative surgeon, he very rapidly attracted notice, In 1830 he obtained a surgical appointment in the hospital of La Charite of Berlin, and at the death of Graefe in 1840, he succeeded that surgeon as clinical professor; in the hospital attached to which professorship lay the scene of most of his bold and ingenious operations, of his professional instructions, and lastly, of his sudden death.

On the day of his demise Dieffenbach appeared to be in the enjoyment of his usual vigorous health, and at his accustomed hour repaired to the hospital, where, seated on his sofa, he was conversing with two French physicians regarding a case of aneurism, on which he had operated the day previously. Suddenly he ceased speaking, his head fell forward, and he died instantaneously.

The respect and veneration in which this great surgeon was held, was fully testified by the vast crowds which accompanied his remains to the place of burial.

The funeral procession, headed by a large volunteer band of musicians, consisted of the army surgeons, and many officers in full uniform, bearing the honors and decorations which had been conferred on the deceased; of the city clergy, the relations and private friends of the family; the rector and students of the university; the pupils of the Frederick Wilhelm Institution, and the medical men of Berlin. The state carriages of the King and Prince of Prussia, with a long line of private equipages, following the empty carriage of the deceased, closed the imposing and melancholy cortege. As the coffin was borne along through the streets, quantities of flowers and wreaths were showered over it by mourning citizens, who were assembled in vast numbers to pay this last touching tribute of respect to their distinguished surgeon.

In Dieffenbach the profession has lost a surgeon, whose fertile imagination, combined with neatness of execution and untiring zeal, has conferred on surgery much that has been of the greatest value; and although we have now to lament his being removed in the midst of his usefulness, still he has opened up paths in a new, and, till of late, little explored branch of surgery, which will lead others to follow with increased zeal in his footsteps.

Admirable in all departments of surgery, Dieffenbach ever shone conspicuously in the surgical treatment of malformations, to which he devolved the greater part of his attention. He first performed the operations for the cure of squinting and stammering, and of the subcutaneous division of many muscles for the relief of deformities. The works which he has written, though elaborate, and containing much valuable practical matter, convey but an inadequate idea of his operative powers, and of his acute discernment in these, his favorite subjects of surgical treatment. He was remarkable for the ingenuity with which he planned and carried into execution many of the most difficult rhinoplastic operations. By those who have observed the precision with which he performed these operations; who have been eye-witnesses to the dexterity and coolness with which he would change his plan of execution in the middle of an operation, when others would have been embarrassed by the difficulties in which they had involved themselves; and by those who have watched the admirable results which have followed such operations in his hands, could Dieffenbach only be fully appreciated. No deformity ever baffled him. He delighted to restore the use of the limbs to those halt and maimed, whom others had given up as hopeless. The greater the amount of malformation, the more zealously did he strive to overcome the difficulties which such cases presented. When foiled in his first attempts he returned with greater eagerness to a second operation, and the case indeed was hopeless which Dieffenbach would relinquish. The largest work he has left us is upon this subject, namely, an 8vo. volume, with an atlas of plates, entitled, "Chirurgische Erfahrungen, besonders uber die Wiederherstellung Zerstorter Thiele des menschlichen Korpers nach Neuen Method," 1829. He contributed also several papers to the periodical press.

As a clinical teather, he was much sought after, and listened to with eager and profound attention by students of every nation. It was in his *clinic*, indeed, that he was seen to most advantage, which consisted, according to the German plan, in interrogating his pupils, instructing them practically in the steps of an operation, and often making them perform it before the class, under his superintendence. He was on all occasions the students' friend, and their sense of his friendship, which was evinced during his life by frequent tributes of respect shown to their admired teacher, was testified in a gratifying manner by the crowds who followed his remains to the tomb.

In the accounts given of Dieffenbach's death, apoplexy is said to have been the fatal disease; but the very sudden manner in which death occurred, renders this improbable, and we regret to see no account of a *post-mortem* examination having been made.

Such is a slight sketch of the career of two distinguished surgeons; both the sons of divines; both university professors; both distinguished as the most skillful operators of the day; both largely entrusted with the public confidence in populous capital cities; both surrounded by all the honors and emoluments their respective countries bestow, and both dying at the comparatively early age of fifty-three. So far there is a very singular coincidence in their respective careers. Did we draw a contrast between them, we should be inclined to say that Dieffenbach possessed a more inventive genius, had greater perseverance, and was more distinguished as a professor than his English rival. Liston, on the other hand, far surpassed the German professor in manual dexterity, boldness of execution, and as a bedside practitioner. Both undoubtedly were great surgeons, and have exercised a most important influence on the art to which they directed their energies and talents.—*Monthly Jour. of Med. Science.*

On the Treatment of Fever. By A. G. Henry, M. D., of Pekin, Illinois.

Dr. Henry communicated, some time ago, a novel method of treating fever with large doses of opium, by which he affirmed the disease may generally be arrested *in limine.* We find, in the *Illinois Journal*, a paper by him on the pathology and treatment of fever, which was read before the Peoria District Medical Society, and ordered to be published in that journal. We omit his remarks on pathology of fever, and present only the portion of the article which relates to the treatment:—

"Having established (at least to my own satisfaction) that fever is the result of disease in the nervous system, and that all other derangements are to be regarded as secondary affections, I shall proceed briefly to give my views of the practice which ought to be pursued in the commencement of the attack, and I know of no way by which I can make myself understood more clearly, than by reporting one or more cases (out of the hundreds I have treated on this plan, with the same uniform success,) of the different forms of fever found in this region of the country, during the last ten years.

"William S——, laborer, was attacked with fever in February last. I saw him a few hours after he took to his bed at about nine o'clock in the evening. He had been complaining of languor and debility during the day, but did not leave his work until four in the evening, when he was suddenly seized with violent rigors, and so great was the muscular prostration, that he was unable to stand without help. He complained of general soreness over the whole surface. Pulse over 140, full, but easily compressed, with quick breathing, interrupted occasionally with a long, heavy sigh; skin hot, but not dry. Complained of no pain except a slight pain in the head. Could fetch a full inspiration without causing pain. I opened a vein in the arm, more for the purpose of seeing the effect it would have upon the breathing, than from any expectation that it would relieve the symptoms; and after taking about 16 ounces, the symptoms were evidently aggravated. As usual, in such cases, I gave him five grains of quinine, with five pills composed of one grain of opium and three grains of calomel, each, and left a powder composed of five grains of quinine with three of opium, to be given in six hours. I saw him two hours after, and found him sweating freely; pulse about 100, strong and full; breathing natural, and said he felt entirely well. Saw him the next morning at eight; had taken the powder as directed, and sweat freely during the night; pulse natural, pain and soreness gone; had not slept much during the night. I now gave him salts and senna, which operated freely in three or four hours, when I repeated the opium and quinine in doses of three grains of each every six hours, until three doses had been taken. In the evening, found him sitting by the fire comparatively well, but complained of feeling extremely weak. Directed him to keep in doors for two days and live on soups, tea and toast, and at the end of that time he was at his work again as though nothing had happened. Some ten other cases of this kind were treated in this way, except the bleeding, with the same results in the course of eight or ten days, during which time, five cases proved fatal under the evacuant plan of treatment in other hands in forty-eight hours, becoming entirely insensible after twenty or twenty-four hours from the commencement of the attack. The only patient I lost, was a child five years old. In this case, I gave a dose of ipecac to relieve the difficult and rapid breathing. I returned in two or three hours after, and found my patient beyond the reach of remedy, and she died in nineteen hours from the first symptom of indisposition, which was a slight chill, followed with fever and rapid breathing.

"I regarded these cases as most violent and malignant forms of Typhus fever, or, as they are sometimes called, cases of Typhoïd Pneumonia, Cold Plague, Winter Fever, &c., differing only from the milder forms of Typhus, in the fact of being more rapid in their progress in consequence of the nervous system being, as it were, *overwhelmed by the force of the exciting cause.* Hence the necessity or rather the advantage of combining the quinine with the opium and calomel. The quinine might have been omitted with safety, but in such cases I prefer using it. The calomel I know can be dispensed with without lessening the efficacy of the treatment, as I have demonstrated over and over again in the treatment of this form of fever, and I only give it as a matter of convenience, for its cathartic effect. The following case is in point. I would remark here, that I never resort to the quinine except in the malignant forms of the disease.

"I was called to see Mrs. H——, who had recently lost in her family, a nephew and a daughter, after a lingering illness of what the doctor called the winter fever, both of which had been treated on the mercurial plan. She had been confined to her bed for five days, but had taken nothing but oil and pills of some kind. There was every symptom of Typhus Fever present, with slight affection of the lungs. She begged that I would not give her calomel, and not regarding it material, I promised I would not. I accordingly left her two powders of four grains of opium each, the second to be given eight hours after the first, and to drink hot sage tea freely until sweating was produced. Saw her the next day, much improved in appearance, and said she felt much better—had perspired freely all night. Directed a dose of oil and four grains of opium at bed time, with *three* grains eight hours after, with the same effect as before. Found her the next day greatly improved, and entirely free from fever. Repeated the oil, and left three grains of opium to be given at bed time. Did not see her again for three days. Found her sitting up free from fever, but very much troubled with a dry cough. Applied a blister to the chest, and left her the brown mixture. She recovered steadily but slowly, the cough not leaving her for ten or twelve days. Several other cases occurred in the same neighborhood, which I treated with opium in the same way, with the addition of the calomel, all of which were convalescent in forty-eight hours after the first visit, and no case was seen after the third visit.

"Five cases, treated by other physicians, proved fatal in the neighborhood that fall and winter, (last winter): I am certain that I prescribed for two-thirds of all the cases that occurred, without losing a single case of fever in the vicinity.

"I have now given a case of the mild, and most malignant forms of *Western* Typhus Fever. I now propose to give, for the purpose of more clearly illustrating my system of practice, one case of Congestive Intermittent, and one of common Remittent.

"Some three weeks since I was called to see Mrs. S.——. She had been seized the evening before with what she supposed to be a simple chill and fever. The chill had lasted some six or eight hours, accompanied, as she expressed it, 'with a burning fever, and a feeling of freezing all the time,' with the sensation of a loaded waggon running over her breast. She was lying in bed comparatively comfortable, and free from fever as she supposed, but expressed herself as alarmed for the consequence of the next chill, which she was expecting in the course of two hours. On feeling her pulse I readily detected that peculiar, but indescribable pulse, always found during the intermission in this form of disease. She said she felt tired, and when she attempted to sit up, she became sick at the stomach. I was satisfied from her general appearance that the next paroxysm would prove fatal, unless prevented or greatly mitigated, and there was no time to be lost. Accordingly, I administered in a little coffee, five grains of quinine with five of opium, and left five more of quinine with two of opium, to be given in six hours, directing her to drink hot tea freely until she got into a free perspiration, but before leaving the house she complained of feeling cold, and commenced breathing quick and laboriously. On going to the bed side, I found her hands cold; pulse small and rapid. The powder had only been swallowed some fifteen minutes, not long enough to produce any sensible effect upon the system, still I had every confidence that it would act in time to moderate the paroxysm. I applied a strong mustard poultice to the stomach, which acted promptly, when the breathing improved, but by this time the powder began to act. The pulse became slower and more distinct, drops of perspiration showed themselves upon the forehead, and in one hour from the time the dose was administered, she was perspiring freely, and said she felt better than she had for two days before; and being satisfied that she was safe, I retired for the night, repeating the direction to have the second powder given at the end of six hours. The next morning I found her entirely comfortable—had not slept much during the night, but felt disposed to sleep then. I directed a dose of oil, which operated in two hours very freely, when I repeated the quinine in five grain doses without the opium, and left my patient convalescent. The next day she was up doing her work.

"I am convinced that if the dose had been delayed one hour longer in this case, the paroxysm would have proved fatal, for I am satisfied from experience, that but little can be effected by way of mitigating the paroxysm after it is once fully formed, by internal remedies. If there is vigor enough in the vis medicatrix naturæ to throw it off, you can save your patient by rightly improving the remission. I say *remission*, because I am satisfied that we have no *intermission*, such as we have in our ordinary intermittents, in this malignant form of fever, and I am equally satisfied that nothing but sedative doses of opium or quinine will save our patients—and of the two I prefer opium, for five grain doses of it prevents the paroxysm certainly, while the largest doses of quinine sometimes fail, particularly where the stomach is inclined to be irritable, which is often the case; and for the further reason, that the opium exerts no deleterious influence upon the system, which cannot be said with truth of ten or fifteen grain doses of quinine. From five to six grain doses of quinine, will, for all time to come, be my maximum dose. If I desire a sedative effect, I can procure it with more certainty with opium in four or six grain doses; *which I contend is the smallest dose that can be relied upon for the full sedative effect required for a case of fever.* The reason why so little benefit has been obtained from opium in the treatment of fever, heretofore, is to be attributed to the fact of its never having been given in full doses until given by myself.

"When Dr. Cartwright, of Natchez, Miss., first proposed ten grain doses of quinine, the Medical World were as much shocked with its absurdity, as they now possibly can be at the dose of opium which I recommend; and it is but recently that it is conceded that it can be given in ten grain doses with comparative impunity, and to the extent of forty and fifty grains in malignant forms of disease, without being destructive to life—and it is now universally admitted, that we can obtain two opposite effects by regulating the quantity. If we give it in one grain doses, repeated every hour, in a paroxysm of fever, we aggravate all the symptoms, and in all probability, before ten grains shall have been given, fatal congestion of the brain will have been produced. But if were to give the ten grains at a dose, in precisely a similar case, none of these consequences will follow, but on the contrary we shall obtain full relief to all the symptoms by subduing the fever. This principle is more particularly applicable to opium than to quinine. Medical writers have long suspected that opium had an action different from that which had been usually attributed to it, and among them I would name the justly celebrated Pereira. [See his Materia Medica under the head of opium.] But no one, before myself, has had the temerity, as it has been called, to demonstrate the truth of the proposition by actual experiment upon the human system, in the treatment of a form of disease that occupies four-fifths of the time and talent of the Medical World; but when the practice shall take the place of the present abused mercurial system, (as it is bound, sooner or later, to do,) there will be a saving of thousands of lives, and an incalculable amount of human suffering.

"But the great obstacle in the way of its adoption by the Profession, as I have said before, is the dread of fatal congestion of the brain, if given in such large doses. One says he has known fatal congestion of the brain, to follow the use of *one grain*, repeated once in two or three hours, until four or five grains had been taken; and they exclaim with uplifted hands and eyes: 'My God! if such results follow from one grain doses, what, but almost instant death, could be expected from a five grain dose.' My friend, Dr. Golliday, in his learned 'critique' upon a communication of mine, published in the Illinois and Indiana Medical Journal, some year since, on the treatment of fevers and inflammations without mercury, in which I urged the use of from four to six grains of opium, quotes various authorities to prove that my practice is not admissable in inflammatory affections, although it cannot be anywhere shown 'in the writings of Dr. Christison, Dr. Sobernheim, Dr. Rankin, Dr. Williams, or Dr. Pereira,' that they had ever used a four or five grain dose of opium in their lives, in the treatment of diseases alluded to, in which they condemn its use, when I claim to have given it hundreds of times in these doses with the happiest effects.

"Now I would ask the Doctor how he can give the preference to their authority based on mere theory, without calling in question my veracity, a thing which I presume he had no intention of doing.

"The Doctor does not seem to be aware of the fact, that I contend as strenuously as any other man, that anything short of a *full sedative dose*, (and by this I mean from four to six grains,) will as a general thing, do positive injury ; and in that very communication which he very properly took the liberty of criticising, I laid down the proposition, that a two grain dose repeated once in two or three hours, was almost sure to do mischief, when a five grain dose given once or twice in twenty-four hours, would be productive of great benefit. As in the case with quinine, so with opium. Give it in one grain doses in a paroxysm of fever, every hour until four or five grains have been given, and the chances are two to one that you will greatly injure, if you do not destroy your patient. But give it in one dose, and none of these unpleasant consequences follow.

"I have already extended my remarks far beyond anything I had intended in the outset. One word in relation to remittents, and I am done.

"John R———, a German laborer, recently arrived in the country, was taken down the first of September with all the symptoms of a common bilious remittent. When I saw him he had been in bed 24 hours with high fever, hot, dry skin, great thirst, and violent pain in the head and back. I found him the second day about noon, with all these symptoms aggravated ; pulse 120, full and tongue dry and glossy, and very red at the point. Bowels had not been moved for thirty-six hours. I gave him an emetic of Ipecac in broken doses, at long intervals, say half an hour, for the purpose of securing a full emetico-cathartic effect. Saw him four hours after and found that his stomach and bowels had been thoroughly evacuated, but with little relief to the symptoms. I now gave him five pills composed of opii i grain, calomel iii grains each ; directed him to drink freely of hot tea, and left him for the night with every confidence of finding him in the morning entirely relieved. I found him as anticipated, free from fever, the pain in the head and back entirely gone, tongue moist and heavily coated with a loose, white fur. Said he got easy about two hours after taking the pills, and had sweat freely all night, and expressed himself as feeling almost well. Left him three five grain doses of quinine, to be taken once in four hours during the day, and to drink as much water gruel as he pleased. Found him in the evening down at the table eating his supper; said he was very hungry, and felt entirely well, 'except a little weak.' His bowels had been freely moved during the day by the calomel. On the 4th of September he was again at his work as usual.

"I have selected this case from among many others treated in the same way, for the reason that he complained more of his head and back than any other case I have treated this season, by way of showing Dr. Golliday and others, that a five grain dose of opium can be given, not only with safety, but with decided advantage, even when there was 'strong symptoms of congestion of blood,' and that too, to the brain and spinal column.

"Now, supposing this case had been treated upon the usual plan; bleed first, give the emetic and the calomel at night without opium, does any gentleman suppose that he would have passed a comfortable night, been entirely free from fever in the morning, and at his work the next day? Would it not have been more likely that he would have spent a distressing night, with a temporary intermission in the morning, to be followed with an exacerbation in the evening, and this repeated day after day until mercurial action was established, or he beyong the reach of all remedy. Such has been the result of similar cases treated on the mercurial plan, at the *same time, and in the same neighborhood*, and such would have been the result had he fallen under my treatment ten years ago.

"Do not such results go to prove beyond all question, that large doses of opium possess a power in the treatment of fever, greater than any other known remedy. The remedy which I once regarded as my sheet anchor, I can now dispense with entirely without material detriment to the treatment. But I do not propose to throw it aside; on the contrary, I still regard it as one of the best and most cenveniant *purgatives* in the whole materia medica I only ask that it shall no longer be relied upon as the main remedy in the treatment of fever; for the reason that we have, in large doses of opium, one better adapted to meet the indication of cure.

"In conclusion let me caution those of my professional brethren who would give the remedy a trial, not to delay a resort to it *until they have exhausted every other known remedy*, and when the case is beyond the reach of human agency. If you use it at all, use it in the early stage as I have directed, and my word for it you will not find cause to regret it."

EDITORIAL DEPARTMENT.

Plan to insure actual attendance upon Medical Lectures.—Among the resolutions appended to the report of the Committee on requirements for a degree, made at the second National Convention, and adopted by that body, is the following:—"That it be suggested to the Faculties of the various Medical Institutions of the country, to adopt some efficient means for ascertaining that their students are actually in attendance upon their lectures."

We are not aware of any Institution having taken action upon the subject of the above resolution, nor have we met with any remarks upon it in any of the Journals which we receive. The subject must, however, have appeared, both to the Committee, and the Convention, to possess some importance, else the resolution would not have been reported by the one, nor been adopted by the other. So far as our observations and knowledge of Medical Institutions extend, students in attendance at Lectures are generally anxious to avail themselves of the advantages thereby afforded, and are faithful in attendance, and attentive, during the whole course. But there will be some members of every class who are neglectful in both particulars. To some extent, also, the custom prevails of shortening attendance by not being promptly present at the commencement of the session, and by leaving before the courses are completed. The resolution referred to, doubtless, was aimed at these evils. That they are evils of no small magnitude must be conceded on all hands. The only point for discussion is, how are they to be remedied. The resolution recommends to the Faculties of Medical Schools to devise and carry into effect some efficient means of prevention; and if any means are at their disposal, they are bound to employ them for the desired end. It is, of course, practicable to ascertain if students are in daily, regular attendance upon the different lectures. This may be done by *calling the roll* or by a monitorial system, such as is pursued in Academic Institutions. But the purpose is obviously not answered by merely ascertaining whether students are in attendance, or not. The attendance must be rendered obligatory, and in some way secured. The following plan has suggested itself to us as adequate to the purpose, and, if adopted by Institutions in concert, no objections can arise to its being carried into effect:—The plan is simply to give at the close of the term certificates of attendance upon the several branches, respectively, to those who have actually and faithfully attended, these certificates being essential, as evidence of having attended lectures, before pupils are examined for degrees. The plan proposes to substitute for the tickets now issued at the beginning of the term, and which are now recognized as sufficient evidence of having attended the prescribed courses of lectures, certificates granted, when fairly earned, at the close of the term. Tickets admitting students to the lectures may, of course, be given as they now are, and should be paid for when received, but they should not be taken as evidence that the bearers have actually attended the lectures. They cannot really, in any case, constitute such evidence, for they are issued before the lectures commence. We venture to suggest this method of carrying into effect the recommendation of the Convention, and we can perceive no difficulty in the execution, provided schools, generally, will unite in adopting and adhering to it.

New Year's Address.—Being absent from our editorial post, New Year's day was allowed to pass without the usual greeting to our readers and patrons. It is too late to redeem the omission, of which we were reminded by the following short, but pithy address by our much esteemed, and able contemporary, the New Orleans Medical and Surgical Journal:—"The dawn of a new year, we deem a fit occasion to admonish our friends that if they *really wish* a Medical Journal from the *Emporium* of the South, they must lend us more efficient aid than they have hitherto done. They must *write more*, *pay better*, and afford us *a larger subscription list*," Will our readers make a personal application of the address, substituting for the *Emporium of the South* the *Emporium of the West!*

Health Officer at the Port of N. York.—This lucrative office, reputed to be worth over $20,000 *per annum*, has been conferred by the Governor and Senate, upon Dr. Whiting, of the city of New-York. The Annalist states, that, pending the confirmation of the nomination of Dr. Whiting by the Governor, Dr. Van Hoevenburg, the former incumbent, resigned, and Dr. Samuel R. Childs was appointed by the Board of Health to fill the vacancy. The latter immediately entered upon the duties, and still continues to perform them. An important legal question is involved in these proceedings, about which there are various opinions, the revised Constitution not providing a solution of the difficulty. Our contemporary adds, that Dr. C. has already made himself very popular in his new office, and it is presumed that the continuance of the present arrangement would give entire satisfaction.

Officers of N. Y. State Medical Society.—At the last annual meeting of the State Medical Society, held at Albany on the 1st and 2d ult., Dr. Alex. H. Stevens, of New-York city, was elected President; Dr. Alex. H. Thompson, Vice President; Dr. P. Van Buren, Secretary; Dr. P. Van Olinda, Treasurer. Censors of the Southern District, Drs. E. G. Ludlow, J. C. Cheesman, Jas. R. Manley. Dr. C. R. Gilman is one of the Committe of Correspondence. The following were chosen delegates to the National Medical Association: Drs. Dyer Loomis, Augustus Willard, John McCall, P. H. Hard, S. Sprague, Robt. G. Frary, Brinsmade, Darius Clark, Naudain, Delafield, Gordon Buck, Beadle, Purple, Maltby Strong, Alex. Thomson, H. Burnell, Geo. W. Bradford, Enos Barnes. We learn that the meeting was well attended and spirited. We shall give a fuller account of the proceedings when they are officially published.

Pecuniary Present to Dr. Forbes.—A circular has been sent to this country, inviting members of the profession to make subscriptions to make up the pecuniary losses which Dr. Forbes sustained in his "Commercial speculation" of carrying on the British and Foreign Medical Review. It strikes us that this appeal would with more propriety be made to the Homœopathists and Hydropathists, but, at all events, before sending our mite, we should be glad to be informed of the amount of Dr. F's income tax, and, also, whether in our own country there are any parallel instances of editorial sacrifices. If any of our readers are less scrupulous about the matter, they may remit their contributions to Dr. John C. Warren, of Boston, Mass.

Rush Medical College.—By an article in the Illinois and Indiana Medical and Surgical Journal, we learn that the Faculty of this flourishing Institution, at Chicago, Ill., have resolved to increase the number of professorships to seven, by instituting a chair of Physiology and Pathology. This is done in accordance with the recommendation of the National Convention. The Faculty announce their readiness to extend the lecture term so soon as this measure is generally adopted by the medical schools of the West.

Delegates to the American Medical Association.—We perceive that delegates to the American Medical Association, which is to hold its annual meeting at Baltimore on the first Tuesday of May next, are being appointed in different States. We anticipate for the next meeting a much larger number of delegates than were convened last spring, and an occasion of still greater interest.

BIBLIOGRAPHICAL NOTICES.

Materia Medica and Therapeutics. By MARTYN PAINE, A. M., M. D., Professor of the Institutes of Medicine and Materia Medica in the University of New York, etc. New-York: Samuel S. and William Wood, No. 261, Pearl street. 1848. 16mo. pp., 411.

This work is designed as a compendium of Materia Medica and Therapeutics, to conform to the arrangement pursued by the author in his work on the Institutes of Medicine. The several articles of the Materia Medica of each denomination are arranged in the order of their estimated therapeutical value. The pharmaceutical statements usually introduced into works on Materia Medica, and for the most part, physical and botanical characters are ommitted. Remarks on the therapeutical action, &c., of different remedies, are only occasionally introduced, and, when introduced, are very brief. The main object of the work, in short, is to present an enumeration of the various articles of the Materia Medica, grouped after a method of classification, based upon therapeutical principles as taught by the author.

Prof. Paine is one of the very few teachers and writers of the present day, who tenaciously adhere to the doctrines of ultra vitalism. He recognizes among the phenomena of the living organism those forces only which are exclusively vital in their character, and which are inherent in the solid structures. He belongs, therefore, to the school of solidism, as well as vitalism. His views of the therapeutical action of remedial agents, necessarily, differ from those generally entertained on this subject, and we may add, from the doctrines which are most consistent with the present stage of the progress of Physiology and Pathology. It seems to us these views are so readily and completely refuted by well known facts, that it would be deemed a work of supererogation to undertake their disproval. We hazard the assertion that few, even of those who listen to Dr. Payne's oral instructions, will adopt the opinions inculcated in the following quotation from the work under notice:—

> "Remedial agents operate directly upon the vital properties of the parts to which they are applied, and through the medium of those parts, upon remote organs by the principle of sympathy. The partial absorption of certain remedies is only a contingent result, and has little or no agency in the physiological phenomena. Their reputed absorption is greatly overrated, often only imaginary, and sometimes misrepresented."

The charge of misrepresentation we presume is intended to cover those facts which cannot be explained on the plea of exaggeration, or of too vivid an imagination. It is a very convenient alternative when one is driven to a *dernier resort.* This method of argumentation reduced to a methodical shape would stand thus:—(a) the reputed phenomena are overrated; (b) they are imaginary; (c) they are manufactured for the occasion. An opponent with these several strings to his bow, can hardly be vanquished. We are reminded of the argument of the lawyer rebutting the allegation that his client had injured a neighbor's brass kettle: the gentleman of the green bag contended, first, that the kettle was whole when returned:

second, that the hole was in it when borrowed, and, third, tha client never borrowed the kettle! Having proved all these po he considered that his case was clearly established. In like ma if the reputed absorption of medicinal agents can be proved to overrated, imaginary, and misrepresented, solidism and vitalism save from the innovations of the humoral pathology!

Assuming, as the author does in the quotation already gi that medicines act, exclusively upon the vital properties of parts, and upon remote parts solely by sympathy, we were cur to see what he would say under the head of *alteratives*, a t which he adopts as the title of an extensive group of med agents. We quote his preliminary remarks under this head:—

> "I have included under the denomination of alteratives all s remedies as, in certain doses and at certain intervals of exhibit interrupt the progress of disease without any prominent dem stration. The changes which are thus induced are generally gr ual, and may or may not be, sooner or later, attended by so evacuation, as with the group of cathartics. Thus, a profuse charge of saliva may be established by minute doses of calomel, an equally profuse secretion of bile and consequent diarrhœa; a antimony and ipecacuanha may occasion, in their small alterati doses, copious perspiration. (See *Preface* and *Institutes*, arti *Alteratives* in Index.)"

Mercury, given as an alterative, in "dose of from gr. ⅛ to once in two to twelve, or more hours," ranks first in the grou and, according to the author's doctrine, must exert its remed influences solely by its action on the vital properties of the stoma affecting the mouth, and other parts of the body, by means of t sympathetical relations of the stomach!

One class in the authors classification is entitled *Chemical Age* Turning to the section which treats of these, we find their sco defined as follows:—

> "Employed to neutralize offending acids, and other substanc in the alimentary canal, and sometimes to operate subsequent and partly in virtue of such new combinations as cathartics."

We naturally were led to turn from this portion of the book Genito-urinary agents, in order to ascertain if the author rec nized the fact that alkalies taken into the stomach are capable neutralizing acidity of the urinary secretion, and to see if he wo undertake to explain this fact by the principle of sympathy. T ingenuity with which the author escapes from this dilemma is only equalled by the mode in which he disposes of the facts which go to sustain, generally, the reputed absorption of medicinal agents. He says: " the agents embraced in this group possess specific relations to some one or more parts of the urinary and genital organs." He says nothing respecting relations to the urinary secretion, and does not include in this group any of the alkalis, or diuretic salts! We are left to presume that the imputed absorption of substances affecting the chemical constitution of the urine is one of the instances in which the medical world are deluded by overrated, imaginary statements, and by misrepresentations! We here take leave of the work. We are sorry not to be able to bestow upon it our humble meed of praise; but candor compels us to say, that, in so far as it may possibly extend the therapeutical principles to which we have alluded, it will do harm rather than good. Although it may seem like presumption, we cannot forbear to express regret that the learning, talent and zeal of the author should be devoted to the worse than profitless effort to sustain doctrines which have been abundantly disproved by demonstrative evidence, and which are well nigh obsolete.

Ophthalmic Memoranda, respecting those diseases of the eye which are more frequently met with in practice. By JOHN FOOTE, Fellow of the Royal College of Surgeons in London, etc., etc. 12mo. Published by Samuel S. and William Wood, New-York. 1848.

"A delectable, pithie and righte profitable worke"—a genuine *multum in parvo*—containing a brief account of nearly every ophthalmic disease, and the most approved treatment, without theory, or speculation, or doubtful practice. The whole done up so snugly and compactly, that a man may now carry all the diseases of the eye, with their remedies also, in his vest pocket: such a vest pocket, we mean, of course, as a Frenchman carries his snuff in.

If, therefore, any doctor should feel it a privilege and comfort to be able always to carry about with him these numerous maladies, we recommend him to purchase "Foote's Ophthalmic Memoranda," at the store of F. W. Breed, bookseller, No. 188, Main st., Buffalo.

F. H. H.

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ORIGINAL COMMUNICATIONS.

ART, I.—*Introductory Lectures*. *No.* 2.—In continuation of the plan commenced in our last No., we proceed to notice, and present to our readers extracts from the remainder of the introductory addresses with which we have been favored.

Leaving Philadelphia, we must pass by Baltimore, the city of New-York, and Albany. If any of the introductory discourses delivered at the institutions in these cities have been published, we have been overlooked in their distribution. So, also, Pittsfield, Woodstock, Hanover and Castleton are not represented in our budget. From the Medical Department of Harvard University, Boston, Mass., we have to acknowledge a copy of an introductory by Oliver Wendell Holmes, M. D., lately appointed to the chair of Anatomy and Physiology in that school.

Dr. Holmes is favorably known as author of some valuable communications on medical subjects. He enjoys greater celebrity, however, in the walks of polite literature. He furnishes an illustration of the compatibility of pursuits so antagonistical, apparently, as physic and poetry, having cultivated the latter with a degree of success which might well satisfy a reasonable ambition. But the annals of medicine are not without examples in which the characters of poet and physician have been united, and preserved, without deterioration of either character; and Apollo, if our mythological knowledge serves us, was the Divinity of the lyre, as well as of medicine. The lecture, as a literary effort, takes precedence of all which we have received; but, as regards matter and tone, we must say, it seems to our prosaic apprehension to be open to criticism. Having said thus much we are bound to adduce some of the portions of the lecture to which our remarks have reference.

Having alluded in terms of approbation to the organization of the National Medical Association, the lecturer speaks of its objects, &c., in this wise:—

> "If the feeling in which this originated were truly stated, it would be found that it was a result of the institution of *inferior medical schools*, situated in the *wrong places*, and managed by the *wrong men*, and the consequent cheapening and *vulgurizing* of education, until the degree of doctor of medicine has, in *some parts* of our country, ceased to be an evidence of a decent amount of knowledge on the part of those who possess it. The honorable and thorough bred practitioner found himself shouldered by ignorant novices claiming to be his equals, who had never devoted half the allotted period of pupilage to study, who had never touched a scalpel, who had never *seen* a hospital, and in the face of an easy public, apt to take men at their own valuation, and having no proper means of discriminating between them.* Such, I believe, was the original mainspring of the movement, but other and most useful designs have been superadded to the principal one of raising the degenerated standard of education. Among them are the thorough union and organization of the profession, the establishment of an elevated code of ethics, and the pursuit of various inquiries in concert by physicians of different sections of the country.
>
> There are two great objects, then, aimed at by the National Medical Association: one may properly be called *Reform*; it implies the previous existence of abuses, and casts a reproach upon all to whom its measures apply, for doing some wrong, or neglecting some duty. The other is *improvement*, and this it may be presumed every body and association in the country, like every individual person, is capable of, and will find ample room for, if it is urged upon them. Now, I believe I may say with confidence, that

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* It is a little remarkable that on the morning after these words were written, I received a letter from one of the great states of the distant West, containing the following sentences, "We have several miserable apologies for medical schools in this state, which by cheapening the rates of instruction induce many young men of limited means to attend their lectures. The consequence is that we have many among us who flourish an M. D., and yet are ignorant of the elementary principles of Medical Science."

neither this community nor this institution are obnoxious to any charge that calls for the agency of *reform* as that word is commonly intended. We *reform* the victims of habitual intoxication, but if we induce a strictly temperate person to become more severely abstinent, we may call it improvement if we will, but not reformation. Our medical community was already thoroughly organized; an ethical code, in most respects identical with that adopted by the National Convention, had been in action here for a long series of years; a general state of harmony and an enlightened public sentiment were already prevalent. In this University there was a full complement of instructors; the first of all requisites, clinical teaching, was thoroughly attended to, and the full period of study, as I once learned to my infinite inconvenience, always rigorously insisted upon.

Let us distinguish, then, between reform and improvement. We can all improve, let us hope that we do not all stand in need of reform. The word becomes offensive and impertinent when used too freely. It has the effect of the crack of a whip in a pasture full of quiet and contented animals. The peaceful creature who was solely intent upon his thistle, looks up and gives loud utterance to his impressions, and the unshod colts throw up their foolish heels into the air as if there were to be an end of all slow coaches from the date of their superfluous gambols."

If a feeling resulting from "the institution of *inferior medical schools* situated in wrong places," &c., originated the "great national project" of the Convention, it is truly surprising that the proceedings of the Convention do not contain even an allusion to the subject. Strange that no action was had upon it, and that no member of the convention even proposed it as a matter for deliberation! We concur, however, in the propriety of characterizing the objects of the Convention as objects of *improvement* rather than *reform*, but, with all our predilections for our *alma mater*, we are at a loss to perceive the propriety of assuming that the distinction applies *par excellence* to the Boston School. We have contended, on a previous occasion, that as applicable to medical Institutions, and the medical profession of the country generally, the terms improvement, and progress, are more appropriate than reform. It were easy to show from the history of both a continued career of advancement—neither have receded in excellence and usefulness, but the course of each has been steadily onward—how, then, can they be said to need reform. They are both capable of being bettered, and to combine and concentrate efforts for this end, we presume, was the prime purpose for which the convention was projected and carried into effect. In pursuance of this end the Convention adopted resolutions, recommending certain improvements in the system of instruction at medical schools. Now in these recommended improvements had the Boston School anticipated the action of the Convention so as to render this action inapplicable to it?

Dr, H, says: "In this University there was a full complement of instructors." Would it not have been more strictly correct to say there *is* a full complement, for, if we mistake not, the number recommended by the Convention, viz., seven, did not exist at the time the first Convention was held? It was then but six, anatomy and operative surgery being taught by the same professor, It has since been increased to eight. It was recommended by the Convention that dissections be rendered obligatory upon pupils before graduation, yet, we find by the reply to the interrogatory whether at that school the student is required to dissect, that it is voluntary with the student. Some other Institutions have already adopted this improvement. Again, the Convention recommended that Medical schools take measures to insure constant attendance of pupils at lectures. Is this done at the Boston School? And, again, as respects the still more important improvement of extending the lecture term to six months, we have yet to be informed that our venerated *alma mater* has followed the example of other schools in acceding to this improvement. We shall surely not be accused of a desire to depreciate that institution of all others, but we must say we are at a loss to perceive that it differs from the majority of the *well located* medical institutions of our country so far as to be excepted from any application of the recommendations of the Convention.

In the quotation which follows, the writer reiterates the stereotyped complaint of the multiplication of medical schools, and the pernicious effect of competition. The reader will, of course, form his own opinion of the taste evinced in the allusions to other teachers, which is indulged in an introductory lecture by a newly appointed professor. As respects the effects of competition in medical schools we can perceive no reason why it should not have its advantages here, as in every other sphere of effort. We know it is customary to attribute most of the evils under which the profession labors to this source, but we believe no reason can be assigned for the opinion except that it has become habitual. We cannot devote space, in this connection, to the discussion of the topic, but we would simply ask two or three questions, to direct the attention of our readers to facts which settle the matter practically and fully: Is the University of Pennsylvania less deservedly distinguished in its educational advantages than it probably would have been, had the Jefferson school never been organized? Has the Jefferson school suffered by competition with the several other institutions which have been more recently established in Philadelphia? What was the condition of the College of Physicians and Surgeons of the city of New-York before the University school went into operation and what is its comparative reputation now? If our Boston friends will reflect upon these questions, we honestly believe they would not be alarmed at the prospect of a rival medical school in their own city. Excellent as the school now in existence there is, it would become, in our opinion, better, and more flourishing under the stimulus of competition. We state this as a prediction, for the time is probably not far distant when the experiment will be practically tried. But to the quotation which has suggested these desultory remarks:—

"The extreme and rapid multiplication of medical schools has certainly had its use in educating the teachers, if not the students, and perhaps in giving a little training to some of those who might have gone into practice without any. I need not say what bad consequences it has had; I have hinted at them already, and the country is full of loud complaints on the subject. So long as the moderate compensation of the teacher is an inducement to unemployed young men; so long as the poor title, bestowed upon every itinerant who juggles a living out of the pseudo-sciences, can tickle the ears of half-taught practitioners, will legislatures be teased to grant charters for new schools, not only uncalled for by any public want, but tending directly to lower the standard of education. Competition is a good thing in its place, but it has blown up hundreds of poor wretches who trusted themselves in *Western* steamboats; and if suffered to run riot through our medical institutions they will be true to the parallel of hot fires, thin boilers, close valves and their inevitable consequences. There is a natural fitness of circumstances that might be regarded with some advantage. Men do not establish factories on hill-tops, where the water that turns the wheels must all be pumped up by hand. They do not organize infant schools in diving bells, where the light is to be let in through a bull's eye, and the air to be sent down in demijohns. Rivalry in medical institutions must always exist, but this business of underbidding and under-feeding, this farming out of medical students, like town paupers, to the lowest contractor, must eventually be arrested. If the law cannot do it by the necessary discrimination, organized public opinion can and will do it. And the time must come when those institutions which cannot by any possibility afford practical instruction in the most important branches of the profession will cease to be recognised as capable of giving a full title to public confidence. It is but the addition of three or four letters to those which designate the medical graduate, and the *Doctor Medicinæ Pennsylvaniensis* or *Harvardiensis* is as well known as the Parisian graduate by the title which he never fails to claim, and the equality which now confounds the most important differences is at once overthrown and abolished!"

Our readers have not failed to observe from the tenor of a note annexed to the extract preceding the last, that Dr. Holmes entertains a very low opinion of Western Schools. His ideas of Western and Southern teachers may be gathered from the extract which will follow. His remarks upon multiplied schools, and "inferior medical schools located in wrong places," "unemployed young men becoming teachers for the moderate compensation," &c., seems to have reference especially to the West and South. We cannot let this pass without a remark or two, although our western and southern brethren are abundantly able to defend themselves, and perhaps will not thank us for volunteering any comments on this attack, for so we must term it. Our remarks will be rather apologetic for the writer than otherwise. We have some little practical acquaintance with "Boston notions." One of these notions is, that Boston is the *ne plus ultra* of all places, another is, that it is the *sine qua non*. We should be sorry to seem obnoxious to the accusation of being wanting in respect for the metropolis of our native state. The accusation would be groundless. We delight to honor it as the seat of learning, science and refinement; but it does not absorb all the talent, acquirement, and intellectual resources of the country.

It is really amusing to a visitor at New England to observe how little all that that pertains to the "great states of the distant West" (to quote the writer's expression) is appreciated. The Bostonian thinks it passing strange that in Europe his white skin occasions surprise. The ideas which prevail in New England respecting the West, appear not less strange to the citizen of the latter. The author of the address before us, in the remarks to which we have directed the reader's attention, only expresses a common sectional sentiment. We do him the justice to believe that he supposes his remarks to be such palpable truisms, that no offence can possibly be taken, for, we presume he would not knowingly violate the rules of courtesy and good-breeding, to say nothing of medical ethics. That he honestly thinks the medical institutions of the distant West are "miserable apologies for medical schools" we have no doubt, and, furthermore, it is to his mind so obvious that it must be so, as to require no reserve in uttering the opinion. He could not probably be induced to speak disparingly of the schools which are, comparatively, in his neighborhood, viz., at Pittsfield, Woodstock, Castleton, Hanover, Bowdoin, all located in small villages. These are in New England, and cannot be charged with being "inferior schools wrongly located," the chairs filled with "unemployed young men," &c. New England needs them all. But in the "great states of the distant West" and South, what are the schools referred to? They are as follows:—One at Chicago, Illinois, a town now larger than was Boston when the Boston Medical School was instituted; one at La Porte, in the great state of Indiana; two at St. Louis, a city larger than was Boston twenty years ago; one at Cincinnati, one at Columbus, and one at Cleveland, these from the great state of Ohio; two in Kentucky, one at Lexington the other at Louisville; one in Tennesee; one in Louisana, at New Orleans; one at Charleston, South Carolina. These are the Medical Institutions of the distant West and South. We beg the reader to cast his eye upon the map of the United States, and compare the territory over which these schools are scattered, with the area of New England with its seven Medical Colleges, (five of which are in villages,) and more in contemplation!

We will not enter upon the delicate undertaking of instituting comparisons of individuals, but there can be no invidiousness in enumerating some of the teachers connected with the "miserable apologies for schools" in the distant West and South. The names of Drake, Caldwell, Gross, Dudley, Bartlett, Brainard, Linton, Blake, Delamater, Mussey, Lawson, Carpenter, Ackley, Dickson, Moultrie, Harrison, and others, are certainly familiar, not only at the South and West, but with the Medical Profession of the whole country.

We must waive farther remark, and after presenting the extract already referred to, proceed to notice some Introductory lectures emanating from Western Schools, of which we have several on file.

"There are many peculiarities in the medical character of this section of the country. Our position in New England, a little out of the broad current, our distinct origin, our hereditary habits, manifest their their influence in the shades of professional as well as political character. We may expect to find the New Englander as cool, as shrewd, as practical in medicine as in business. But his peculiarities are best displayed in the medical teacher and the medical public. The first is singularly calm, simple and didactic, as compared with many of his distant brethren; the second cautious, sedate, respectful to a degree which the fiery children of the south would call tame and submissive. When the annual flowering of "Introductory Lectures" takes place, it may be seen that the colors are generally higher as the distance from equator is less, and that the gayest display is from those that have had the advantage of the last rays of the setting sun; the efflorescence of scientific enthusiasm on the banks of the Mississippi or Missouri. Whether it be the coldness of Northern winds or the sterility of Eastern soil, there is less leaving out in proportion to the yield, and that of a less glaring aspect in our sober nurseries of knowledge than in those of our Southern and Western friends. Our danger is in the direction of *sensible dulness*, and theirs in that of glittering wordiness."

An Introductory address delivered in the Medical College of Ohio, Nov. 2d 1847. By L. M. Lawson, M. D. prof. of Materia Medica and general Pathology in the Medical College of Ohio.

This is the title of the publication which comes next in order. Dr. Lawson has lately become connected with the school at Cincinnati, having formerly been a member of the Faculty of the College at Lexington. He is editor of the Western Lancet, a popular and able Medical Journal.

Having defined the philosophical character of the several elements which combine to constitute medicine as a science and art, the lecturer sketches briefly the history of medicine from the votive tablets of the Æsculapian temples, downward to the 19th century; he next considers the sense in which our science is imperfect, and comments on certain errors of medical philosophising, especially the error of trusting to naked facts, and the absurdity of supposing that statistics are adequate to develope principles of pathology and therapeutics applicable to all individual cases. We give an extract relating to the latter topic:

"This so-called science of fact and experience, even when narrowed down to what is termed mathematical probabilitics, is, it seems to me, after all a mere science of casualty. Suppose, for illustration, we have a box containing four balls of two different colors, white and black,—but we do not known how many white nor how many black. To determine this point, I draw four times; (putting back the ball each time) and the result is, that I have drawn *three* white balls, and *one* black one. I now base upon this *experiment* three hypothesès: 1. There may be *three* white balls and *one* black. 2. There may be *two* white and *two* black. Or, 3. *One* white and *three* black. One of these hypotheses must of necessity be true.

Now these hypotheses place us in possession of certain numerators, which represent the probabilities of the truth of each hypotheses, and upon careful calculation the following is the result: Upon the first hypotheses, the chance of drawing a white ball is $\frac{3}{4}$; upon the *second*, $\frac{1}{2}$; upon the third, $\frac{1}{4}$, the sum of which is $\frac{116}{184}$. And of course, reversed, we find the chance of drawing a black ball upon these three hypotheses, respectively, $\frac{1}{4}$, $\frac{2}{4}$, $\frac{3}{4}$,—the sum being $\frac{68}{184}$; and the sum of the two probabilities is 1.

Now based upon this *experience*—for it is all experience without any principle—I stake my life upon the chance of drawing a white ball at the next trial—which would be the case in medical practice based alone upon *experience*—I draw the ball, when, lo! it is *black!*

This doctrine of *experience*, as developed in mathematical probabilities, is fully applicable to Louis' numerical method of arriving at great laws, and also to experience without principles in all of its forms. It will be seen that in the above illustration, the *relative* probability really existed, but in my own attempt to make a practical application it failed; and not the slightest doubt can remain that such rules of action, when applied to the practice of medicine, will fail more frequently than succeed. Hence, I repeat, the practice based upon sach rules is nothing more, after all, than a science of casualty.

And now, gentlemen, if there be truth in history or reason in man—if our lives are not fables and our philosophy a caricature and a lie—then we have a science based upon facts and clothed in the habiliments of truth and reason; a science which has been handed down from age to age, and from nation to nation, until now its broad sheen illumines the world."

The lecture concludes with an animated appeal to the class in behalf of diligence, perseverance, and elevated aims. The address is creditable as a literary effort, catholic in its spirit, and altogether a good introductory.

The Medical College of Ohio furnishes another Introductory, which is from the pen of Dr. John P. Harrison, Professor of the Theory and Practice of Medicine in that Institution, the subject being the "*State and Prospects of the Medical Profession.*" It might be characterized as a defense of the Medical Profession from attacks by its own members. The writer repudiates and disproves sentiments so freely enunciated of late, which impute to the Profession, as a body, ignorance and degradation—a sentiment not emanating from the Public, but, *proh pudor!* from the Profession itself. He is far from thinking that the present state of the profession merits contempt, and he thinks that its prospects should inspire us with animation and zeal. We are glad to see such views from one whose opinions should command attention and respect.

We select as a specimen of the performance the writer's remarks on the multiplication of medical schools, by which it will be perceived that sentiments upon this topic expressed by the Professor whose discourse was first noticed in the present article, are by no means so universally entertained, that a writer is authorized to assume them as established truths, in which light the Professor alluded to presents them. We commend the extract to the reader's attentive perusal:—

> The Medical Schools of the United States have increased very rapidly within a few years. Some excellent men look upon this rapid augmentation of Medical Schools as fraught with disastrous consequences to the highest interests of the profession. We cannot agree in this ominous foreboding—in this conscientious alarm at the quick process of their multiplication.
>
> On the contrary, present good redounds from this source, and great future advantages will flow from their establishment. Four present benefits arise from the creation of Schools of Medicine in various parts of our country. In the first place, regular and properly organized schools of medicine repress quackery. By a regular Medical School we mean one that professes to teach the science and art of curing diseases, as the principles of the science

are understood, and the measures of the art are employed, among all christian, civilized, and refined people. And by a properly organized School is intended one which, in a proper location, has the common number of Chairs, teaching all the important branches, and whose requisitions for graduation are the same as obtained in all respectable institutions.

It is objected to the multiplication of Medical Schools, that they furnish such facilities and hold out such inducements, as to tempt young men, with insufficient preparation, to enter upon the study of Medicine, and that by granting diplomas upon inadequate proofs of acquirements in medicine, they degrade the whole profession. The objector has never, perhaps, reflected, because he may not be familiar with the real condition of things, that were there no regular medical schools, irregular practitioners would increase more rapidly than they do at present, and that it is best to throw in the market a genuine article, of even inferior value, than to allow an altogether spurious one to take its place. As to the temptation given young men to induce them to solicit the doctorate, which, it is contended, our Medical Schools are derelict in, one answer is sufficient to show the fallacy of the objection. Responsibility, however slight in its exactions, is preferable to irresponsibility in any shape or degree. Suppose there were but four or five Medical Schools in our country, instead of thirty-seven, the actual number at present. With the rapidly increasing population of the United States, it is apparent that these five or six, or even twice five or six, would be totally inadequate to supply annually the proper number of physicians for our country.

But there is another advantage derived from the multiplication of medical schools entirely pretermitted by our objector. In this matter, as in all other departments of human life, a gradation will be observed. The older, or more celebrated institutions will attract the largest number of students; even some of the students who attend one course at the less celebrated schools, will resort at their second session of lectures, to the more renowned seats of instruction. Thus, whilst the less established schools are patronised to a sufficient extent to keep them afloat on the tide, those of more celebrity will maintain their 'high and palmy state."

Again, the number of our schools of medicine has already awakened, and will keep alive, a generous spirit of emulation. This emulous, and stirring spirit of competition provokes to greater exertion in teaching, leads to a more careful selection of professors, and eminently conduces to a more liberal collection of apparatus, and of museums, by which the lectures delivered shall be illustrated and enforced. Already are these beneficial results witnessed, and with the march of time they will go on to develope their force and brilliancy with accumulated activity. This generous spirit of emulation has very noticeably promoted medical literature in our country. This encouraging sign of the times we shall more particularly notice.

A still additional auspicious influence exercised by our medical schools is the direct bearing they have in harmonizing the profession in all its high aims, and ulterior designs of improvement. This effect, by a natural and very operative principle, will follow from similarity of pursuit, and an ardent breathing after the same grand and glorious ends. If our medical schools are thus united in the holy brotherhood of science and humanity, they will send down, through all ranks of the profession, the same noble aspirations by which they are animated, in reaching after higher manifestations of excellence, and in maintaining a liberal union with each other in all the great purposes of their endowment.

The future or more remote results of this multiplication of schools of medical education, will be realized by young aspirants, who may hereafter devote themselves to the study of medicine. A hope, an aspiration, a determination, to become a teacher of medicine, will actuate many young men, and impel them to a more thorough preliminary education, as well as to a more protracted course of medical instruction. Open wide the door of advancement; present the prizes of honor and reputation, and emolument, to our young medical aspirants, and call up talent and industry, and ambition, from various portions of the land; thus genius will emerge from its obscurity, and deck itself with trophies won from nature's mysteries, and subjecting the contributions of science to the accomplishment of the ultimate objects of all professional efforts—the happiness of our race, the profession will arise superior to the petty assaults of its detractors, and vindicate its character from all the aspersions of ignorance,"

Passing, now, from the metropolis, *de facto*, to the metropolis, *de jure*, of the noble state of Ohio, we have from the Willoughby Medical College, recently transferred to Columbus from the village of Willoughby, an introductory by Prof. Butterfield. As the present course, to which Prof. Butterfield's address was a public introductory, is the first course of lectures in the new location of the school, the lecturer devotes a considerable portion of the discourse to considerations which this fact appropriately suggested. He appeals to the community of Columbus for encouragement and support in the enterprise of establishing a Medical school in that city. It would seem that the appeal had not been in vain, for since the commencement of the session, a wealthy and liberal citizen has donated thirty thousand dollars for founding and sustaining a Medical College in that place, an act of munificent liberality for such an object, which is without a parallel in this country. The school is to be reorganized under a new charter, and promises, with the efforts of an able faculty, to become one of the most flourishing of the institutions of the west.

It has been intimated that it is to be named after the benefactor, the Starling Medical College. We trust that this example of judicious liberality may not be without its happy influence in other places, and that some of those who combine wealth and generosity will be incited by this precedent to give their bounty this direction. How can they serve better the cause of science and humanity! In what other department of public enterprise, and philanthropic effort, can a greater amount of good be effected by a moderate endowment! We quote the peroration of Dr. Butterfield's lecture:

"There is much in it [the medical profession] to command our love and respect. It embraces one of the highest, most benevolent and useful of human pursuits. Noble examples by hundreds, living and dead, are before you, to stimulate your industry and excite your ambition. I hope and trust there are many before me, whose footsteps upon the sands of time shall remain so long, that the *stone* shall perpetuate their momorial for ever.

I might dwell somewhat upon the self-devoted heroism, which disregards dangers, before which the stoutest warriors quail, and which constitutes a necessary element in the training and practice of every true physician; of the scenes of suffering and wretchedness of which he is the daily witness, and through which he moves as the ministering angel; but time forbids,

I see the noble McWilliams, steering with his own hands, the ill-fated steamer, through the death-dealing fens of the Niger, while all, officers and men, save one, and he at the engine, are dead or disabled. I read the record of another death, the fourth physician who has, during the present epidemic in New Orleans, fallen. I read almost daily of one, and another, and another, in New York, in Boston, in Baltimore, in Montreal, in Quebec, who have died victims to the faithful discharge of their duty. I see always, when the pestilence is walking in darkness and mowing down its hundreds and its thousands, the physician, calm and unappalled, at his post, battling with all his might, a far more irresistible foe than any mere human enemy; and I am proud to be an humble votary of a profession which has offered up, and is still ready to offer up, its most costly and cherished jewels, as sacrifices upon the altar of the public good.

May you become, Gentlemen, worthy of the truly exalted Profession towards which your efforts and ambition are directed."

If we were to indulge a sweeping criticism upon Introductory addresses, regarded as literary productions, we should say that they are generally rhetorically overstrained. It would seem that the Lecturer feels bound, at all hazards, to produce on that occasion a specimen of fine writing, and, hence, attempting the most difficult species of composition, an ornate, flowery style, as might be expected the production in some instances would become better the college sophomore, than the incumbent of a professorial chair. Our Boston friend would perhaps say this criticism applies to Western and Southern Lecturers more especially, but, if we do not err, it is not necessary to go out of Philadelphia, New York, or even New England for illustrations. It is fair to suppose, that, in some instances, the lavish profusion of tropes and metaphors, are due to the fact that the addresses were really written only to be pronounced before a medical class, and the writer, without affectation, is beguiled into the indiscretion of submitting his production to the calm perusal of those whose judgment and taste, if not cultivated, have been chastened by longer reflection, and the sober experiences of life. We have been led into this train of remark on examination of the two pamphlets before us remaining to be noticed. The first is by Dr. A. B. Shipman, Professor of Surgery in the Indiana Medical College. The second is by Dr. Daniel Drake, of Louisville, Ky.

Dr. Shipman's address is of the genus of florid introductories. We do not speak of it, however, as such, because it is *par excellence* a specimen of that genus. Perhaps some of the productions already noticed, are equally obnoxious to the criticism. This should be said, lest the prefatory remarks just made, may be thought to be designed for this particular application. The remarks were made in the present connection because they happened to be suggested, not because of their exclusive pertinency. We select the following extract:—

"A field of unexplored science lies before you. Enter upon it and make new discoveries. The Nervous System, where the Physiologist and Pathologist have discovered so much that is new and interesting, within a few years, is a field where future discoverers have much to hope for. The manner in which mind is united to matter, remains yet to be discovered. The diseased manifestations of mind, or the diseased tissues through which it is displayed, for we believe that the human mind is always bright and perfect, the diseased medium gives its apparent imperfections. We place a bright light in a clear and transparent glass, and it sheds its clear and dazzling rays upon every object. We place it in a colored medium and we find it tinges every thing with its altered color, or we surround it with darkness and its light is gone; still it blazes clear as ever. The poor benighted idiot has still the same divine spark within, but it is surrounded and bedimmed with a dark, impenetrable, night. The various multitude of insane, have the soul shining out in a great variety of fantastic forms and hues, now flashing with the most intense and brilliant light, now flickering and wavering as if agitated by the wind, or going out in gloom and darkness. Here there is a field where new discoveries are to be sought. Some future Philosopher may yet arise to systematize and arrange these apparent mysteries, and clear away the mist that has hung like an impenetrable veil between the boundaries of mind and matter.

What a curious and wonderful organ is the brain! A tissue of matter, whose appearance gives little import of its high and lofty uses. Take, for example, the brain of Napoleon Bonaparte—look on that few ounces of soft pulpy matter, enclosed in its bony case, surrounded by membranes and pierced by nerves and blood vessels. That was the field whereon were marshalled the five hundred thousand troops, scattered over a great extent of country, yet so disciplined as to concentrate within an hour of each other on some field of strife. Each man had a place on that wonderful brain. The five hundred battles were fought there. The thirty millions of the French nation had a place; the snowy Alps; the Sacred Mountains of Palestine; Egypt; the Pyramids; the Nile; the Lybian Desert; the mighty Oriential Empire; all these, with vast plains for national glory, found a place; and yet there was room for his beloved Empress and darling boy.

The nervous system has much unexplored ground, that awaits seme future discoverer. Here, too, the structure gives little evidence of its astonishing and varied functions; a few small white cords, emerging from the brain and spinal marrow, acted on by distant objects, gives all the exquisite beauties of nature, in all her gorgeous coloring. Or the vibrations of the atmosphere all the harmonious sounds of the Universe.

The study of the organs, concerned in the manifestation of Mind, is one of vast and absorbing interest. Within a few years past, the physiology of the brain and nerves has been investigated with great zeal and ability. The researches of Gall, Spurzheim, Combe, and many others, have given an impulse to this department, that has cleared up many unexplained phenomena in physiological and metaphysical science. We do not pretend to endorse every thing that is claimed by these men; yet there are facts enough elicited in their investigations, to render their labors exceedingly valuable. It will not appear strange that great error may have been mixed up and blended with truth; especially, where the subject is surrounded with great obscurity. The ardent and sanguine, in their search for facts to sustain a favorite theory, may have seized hold of some plausible appearances, and baptized them into their creed. It should be your aim in all these vexed questions, to steer clear, on the one hand, of an overweening credulity, or an obstinate scepticism. You must remember that absolute demonstration is not to be expected in matters appertaining to the science of mind. Your evidence must be inferential in many instances; and let me tell you, it is exceedingly unreasonable to doubt all that does not appear plausible. The human mind, after all, is one of the most incomprehensible and mysterious things in nature. Can any one explain its most simple act? Can you tell me how I raise my hand and place it on my breast? What connection has my will with the muscles of my arm? What sympathy has my eye with that distant grove, that lies like an island on the prairie? Or can you explain how, by an effort of the mind, we are transported to our distant firesides, see the familiar faces of our relatives and friends, as we left them a few weeks since; or how, with the velocity of thought, send our fancy to distant lands, skimming the boundless seas, scaling lofty mountains, sinking into sunless abysses, traversing the whole earth, and even up to the highest heaven, at the very foot of the throne of the Eternal.

What a mysterious thing is the human mind? the tenant of a home so perishable as the human body. A structure of bone and muscle, of membranes, nerves and blood vessels, liable to a thousand accidents, more perishable than idols made of wood and stone, yet the tenement of immortality.

Our business the ensuing winter will be in endeavoring to render this structure a place of comfort and security. Where shall we commence our labors? How so likely to succeed as to make ourselves thorough masters of this curious habitation, to keep it from decay, to prevent the worm and the insect from committing ravages, protecting it from the storms that sweep over the plains, and the mouldering damps that collect beneath its foundations, to guard against the devouring fire from within, and the scathing lightnings from without, the rude attack of hostile foes, or the secret ambush of hidden enemies. Like skillful engineers, our energies should be directed in warding off the attacks of the sappers and miners of life. Then, after having perfected yourselves in every branch of our art, you will go forth into the world on your errand of mercy."

Dr. Drake's address, which, as regards the topics handled, and the mode of handling them, differs from the usual character of introductories, is thus entitled:—*Strictures on some of the Defects and Infirmities of Intellectual and Moral Character, in Students of Medicine.*"

The subject is novel, and would hardly be selected for an *ad captandum* effect upon the auditory before which it was pronounced. The writer is a veteran teacher, and has had abundant opportunities to study the moral and intellectual defects of medical students. He rehearses the fruits of his observations with great plainness of speech—there is no disposition to mince matters either in language or ideas. The lecture was written to communicate wholesome truths, not to tickle the ears of his hearers by that homage of adulation to which custom, to some extent, has conferred a claim. Prof. D. has no need to concede aught to the validity of such a claim. Our readers will desire to know what are the prominent defects and infirmities upon which the writer comments. He divides Medical students into eleven groups. We must content ourselves with the bare enumeration of the titles of each group. We could not do justice to his remarks upon them severally, without transferring the entire discourse to our columns.

The *first* group, consists of the *best* students—the best in a moral and intellectual sense. The *second* group, comprehends students who, for the sake of becoming fully qualified for the duties of professional life, are attending their third course of lectures. The *third* group, is composed of gentlemen somewhat advanced in life, who have entered on the practical duties of the profession before graduating. The *fourth* group, consists of those who have commenced the study of medicine without preparation. A *fifth* group, is made up of those who feel themselves under the necessity of going into practice after attending a single course of lectures. The members of the *sixth* group, are those who are altogether intent on *practical* matters. They who comprise the *seventh* group, are they who have unfortunately engaged in the study of medicine with inadequate capacities. An *eighth* group, consists of those who lack *punctuality*. Students who cultivate society during the session, compose a *ninth* group. The *tenth* group, embraces the dissipated. The *last* group, consists of "bullies and desperadoes." We trust, for the honor of Southern schools, that the last group includes but a small proportion of those who are assembled at their halls of instruction.

The reader will perceive from the foregoing classification, that numerous important topics are embraced in the scope of this address, and to say that the reader will find them ably treated, is needless, for who would expect otherwise from the well known ability of the author. The portion of the lecture which we shall select for quotation is the peroration, in which the talented lecturer displays that American spirit which we should be glad to see cherished and cultivated more than it is, within the rank of our profession:—

"In the fourth place, our students do not propose to themselves, that they will strive to enlarge the boundaries of our science. But why should they not? The American mind is not inferior in strength or invention to that of Europe. In the science of government—in jurisprudence—in eloquence—in war—in agriculture—in the fine and useful arts, it has shown itself quite equal, often superior, to the European mind. Why is it, then, that *we* continue to look, almost exclusively, to our medical brethren on the other side of the Ocean, and not to ourselves for discoveries and improvements? France, Germany, England, Scotland, and Ireland, are respectively cultivating the profession, as if the duty of enlarging its boundaries, rested on one only. The physicians of those several kingdoms, do not turn to each other with an eye of dependence, but of emulation. In this country, the reverse prevails. To acquire a tolerable knowledge of what is done abroad, too often constitutes the sum total of the ambition of the best minds among us, while hundreds do not even aspire to that. It is time that we threw off the shackles of colonial dependence, and assumed a higher position. Once, like callow nestlings, we of necessity swallowed whatever our European nursing mothers dropped into our gaping throats; but we are no longer unfledged, and should spread out our growing pinions, and begin a life of independent activity. This resolution once taken, success would not be doubtful, But who should take it? Those who are now in, or those who are aspiring to the profession? I answer, *all*, but especially the latter—you and your fellow students throughout the Union;—for the old are too inert, the middle aged too indifferent, and a majority of both classes, too little prepared by early discipline, or lofty aspiration, to enter on a career of glory. Our hopes, therefore, must rest on you more than your preceptors and seniors. Would to God, my young friends, that I could kindle in your hearts a flame of patriotic ambition, so intense as to burn up every germ of *servile* dependence on the physicians of the old world! Would that I could fill you imaginations with bright and beautiful visions of the future! But should

I do so, remember that the most glorious conceptions will not, of themselves, secure the objects which they embody. The conceptions of mind which tell on the progress of an individual, a class, or a nation, comprehend both causes and effects. The little child as eagerly puts forth its hands to pluck the flower which hangs beyond its reach, as that which blooms within its grasp. Experience tends to correct this constitutional error of infancy; but in many minds the correction is so slow and imperfect, that the man, in this trait of character, remains a child; and while he indulges in captivating visions of excellence, which cost no effort, neglects the labors which alone can convert them into living realities. They who do not rise above this infirmity of our nature, will do nothing towards emancipating us from our unequal dependence on Europe. They who surmount it, will contribute to the foundation of an American profession. To this great and brilliant enterprise your *alma mater* now calls you—every one, the humblest not less than the highest, for all may contribute something. How happy would she be, to see every heart here, and in all the sister schools of the Continent, quickened into life, and filled with a moral courage equal to the task! Then, the question with the young aspirant would no longer be—What saith the seer of other countries? but of our own, our beloved native land: then, improvement would roll onward, like a mighty river—deep and fertilizing as the Mississippi—transparent and uniform as the St. Lawrence! The fame of its waters would spread to other lands; and many of their young men would come and drink. American students as they traversed the ocean for the East, would then greet European students on their way to the West; and on reaching the schools of the old world, would feel no humiliation; but in the pride of a glowing patriotism, would be able to exclaim to those around them—"If we have sought the banks of the Thames and the Seine, yon young men are treading those of the Deleware, the Hudson and the Ohio."

We have now reached the end of the introductories which had accumulated up to the time of commencing this article. We then supposed that on committing the last of the budget to the hands of the Printer's Devil, our labors in this line would be finished. But, as the cant expression goes, "there are a few more of the same sort left," with which we have been favored quite recently. These we must reserve for another number.

ART. II.—*Dr. Hamilton's Surgical Dispensary at the Medical College*, 1848.

Enlarged Breast.—Mrs. ———, aged 38 years, from Steuben Co. Mrs. ——— had her first child when 21 years old, soon after which she had a milk abscess. It was opened near the nipple several times, and left a permanent retraction of the nipple. From that day to this it has never been perfectly sound, a small induration having remained. Two years ago, (it was then not larger than a pullet's egg) Goodrich, a cancer doctor, applied a caustic; after which it rapidly enlarged, suppurated, and finally cicatrized; but still continuing to increase, it has at length involved the whole breast. The breast is now a large, irregular, and pretty hard mass, slightly attached to the parts underneath, the skin at the upper part somewhat discolored and diseased. It is not much painful, or tender. The glands in the corresponding axilla are enlarged and also some of the absorbent glands just above the clavicle; they are quite hard. Mrs, ——— is *enciente.* Her health is tolerably good. Cancer is not hereditary in her family.

Dr. Hamilton admitted that in this case some difficulty existed in the diagnosis. Some of the signs indicating a "chronic mammary tumor," and others leading to the suspicion that it may be scirrous. It resembles a "chronic mammary tumor" in the early period of life at which it commenced, in its slow growth until interfered with by the quack, in the little pain attending its progress, in the lobulated feel of its surface, in its having attained so great a size without prooceeding to suppuration, in the slight attachments it has formed to the muscles underneath, in the condition of health which the patient presents. While it presents characters of a scirrous in its hardness, the recent implication of the integument at the upper part of the tumor, in its obstinate increase. To these circumstances we should add the enlargement and induration of the absorbents in the neck and axilla. An enlargement simply, might not excite our suspicions, as it may occur in connection with any form of disease of the breast, from mere irritation, but the *induration* is indicative generally of malignancy. The retraction of the nipple, so generally observed in scirrous, is also here present, but from its history we learn that the original abscess was so near the nipple as by its cicatrization to have produced this.

On the whole we believe this was originally a simple sarcomatous tumor, existing in the substance of the mamma, but by meddlesome interference it has began to assume signs of malignancy.

Treatment.—If it is really malignant, it has made too much progress to be arrested by an operation. If it is not malignant there cannot be sufficient apology for extirpating it in her present condition. In short, no operation can be recommended at present. Dr. H. recommended a spare diet, and the application of a cicuta plaster, which, he remarked, enjoys with some surgeons considerable reputation for cancerous and scrofulous affections, but its value is overrated.

Perieal Fistula.—Charles Clark, aged 12 years, from Conesus. In April last he fell astride a box and struck upon his perineum, which ruptured the urethra, and in a few days resulted in a fistula. It is now about nine months since the accident, and as the fistula does not close, and a firm and close stricture exists in front of the fistula, it was determined to operate.

Operation.—A silver catheter was carried down to the stricture, and upon the extremity of this an incision was made, and it was extended backward about an inch and a half until it had passed the whole strictured portion of the urethra. The silver catheter was now withdrawn and a large sized flexible catheter introduced.

Dr. H. remarked that he had always found this a much more difficult operation than lithotomy. The smallness of the contracted channel for which you seek, the fibrous and almost cartilaginous condition of the structures in its vicinity, (in consequence of the ulceration &c.) and the fact that the urethra is generally drawn to the right or left by adhesions, are the chief causes of embarrassment. After the operation is made also, the process of cure is long and tedious. The catheters have to be withdrawn and replaced by fresh ones daily, or at longest every second day. The practice recommended by some surgeons of permitting them to remain undisturbed three or four days, is highly reprehensible. The bladder being now in an irritable condition, phoshatic deposits are made upon the catheter very rapidly, and if it remains in the bladder more than forty-eight hours it will become so encrusted as to lacerate the urethra in its withdrawal, and sometimes it is removed with great difficulty and not without danger of its being broken off within the bladder. The urine also softens and rots the gumelastic catheter, and a new catheter should be used each time.

The case was heard from about the first of March, and it was then, under the care of Dr. Patterson, healing kindly, and the channel of the urethra was free and unobstructed.

Painful affection of the ring finger and amputation.—Mrs. Bartlett, of Geneva, aged 40. A small point at the extremity of the ring finger of the left hand, has been exquisitely painful and tender when touched for many years, The spot is not more than two or three lines in diameter, but when touched a severe lancinating pains shoots up the hand. There is an evident enlargement at this spot, the skin being elevated about two lines and very slightly discolored. Mrs. B. is in pretty good health, is not subject to neuralgic pains elsewhere, but she suffers so much from this finger, and especially latterly, that she is determined upon having an operation made.

The disease was diagnosed as a chronic inflammation of some terminal nerve, probably induced by disease of the bone in its vicinity. The patient was assured that nothing short of an operation could afford her relief, and that while a mere incision to the bone, or an excision of the pulp of the finger might possibly be sufficient, yet that neither of these operations could give her a guarantee against the continuance of the disease. Amputation of the last phalanx, could alone be relied upon. Mrs. B. unhesitatingly chose the latter. Dr. H. accordingly performed the amputation at the last phalangeal articulation. On dissection of the finger no disease could be discovered except a small exostosis of about two lines projection, exactly under the seat of the tenderness, and which was beyond doubt the source of the morbid sensibility in the nerves. The dissection and the result of the case confirmed the correctness of the treatment. The wound healed kindly, and up to the 4th of March, two months after the amputation, there had been not the slightest return of pain in the stump

Varus, and section of tendo Achilles.—Infant child of William Whiting, of Unionville, Phelps, aged 7 months. This case, it was remarked, would illustrate the fact that even at a very early period of life, when the feet were most pliant, the section of the tendons would not immediately restore the feet to their natural position. No one would think of cutting *all* the contracted tendons in a case of this kind; and even if this were done there are still remaining contracted integument, contracted ligaments, and in the case of older children, malformed and malposed bones. To overcome all these impediments, apparatus, time and patience are requisite; often more time and patience than either the surgeon or friends are willing to bestow: and the result is that where the case is undertaken without a proper knowledge of these difficulties, the cure is often left incomplete. The truth is, that in cutting the tendons we remove only one out of the many obstacles. In this case after the tendo achilles is cut on each foot, a proper apparatus must be applied, and if the parents and the physician in whose care it is to be left have sufficient perseverance a cure may reasonable be expected in from six to twelve months. "This is much longer than some books would lead you to have set, but it is no longer than my experience has taught me we ought always to set."

Dr. H, cut both tendo achilles with a small iris knife, and immediately applied a tin shoe of his own construction. The feet could be now brought entirely straight, but they would immediately return to their former position when the constraint was removed.

The patient was left in the care of Dr. How of Vienna.

Deafness and puncture of the tympanum.—James P., aged 43 years; an Englishman, and a basket maker by trade; sits much upon a damp floor and is constantly handling wet willow; he is also much exposed to colds when he goes into swamps to cut osiers. Thirteen years since he had a fever and about a year after he became partially deaf, since which time the deafness has been gradually increasing.

A very critical examination was instituted to ascertain the cause of the deafness, and the conclusion was that he was made partially deaf in *both* ears by a chronic inflammation of the labyrynth, and that an additional degree of deafness was produced in the right ear by a complete obstruction of the eustachian tube.

He was recommended to leave his present occupation, live sparingly, keep his bowels soluble, put a seton in his neck, and put into each ear a drop of the following mixture each day:

℞. Nit. merc. ung.
Ol. oliv. *aa* ℥i.

Before operating upon the tympanum. Dr. H. said he had operated several times in similar cases, but that although the patients had sometimes declared that their hearing was improved, yet that the improvement had never been very striking. In the present case, as there was doubtless a disease of the labyrynth, the perforation of the drum could not possibly restore the hearing perfectly.

The operation was done with a Hey's cataract needle, and four distinct punctures were made, the last of which was enlarged by cutting about one line laterally. The patient complained of no pain in the operation, but only a slight aching afterwards. Each time the needle was introduced the crackling of the tympanum could be heard across the room. The result was about as had been anticipated. Before the operation he could hear the snapping of his finger nails at one foot from the ear; he now could hear the same at two feet.

Rhinoplasty.—E. B. aged 14. From an injury received many years since the right ala of the nose is drawn down and the right nostril completely closed,

Operation.—A circular piece was cut out of the partition intercepting the right nostril, and to prevent a reclosure a long, narrow linen bag was introduced, and its cavity afterwards crowded with lint. The ala of the nose was then relieved by removing a lunated piece of integument from immediately above and without the ala, and stitching the ala up to the concave edge thus produced.

ECLECTIC DEPARTMENT,
AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

Fœtal Condition of the Lung after birth, or Atelectasis.—Some fragmentary notices of a form of congenital imperfection of the lungs, to which the attention of Pathologists has been of late directed, and which has received the name of fœtal condition, or atelectasis, have been already published in this Journal. As the subject, however, is one of pathological interest and importance, and is, as yet, for the most part, unnoticed in systematic treatises, we have thought that a fuller account of it would be acceptable to our readers. The following section of the work entitled *Hasse's Pathological Anatomy*, (noticed in a previous number), presents the best description of the morbid state referred to, which has fallen under our notice. The author has bestowed upon it special attention, and is, in part, entitled to the merit of having introduced the subject to the attention of the Profession. The practitioner, if we mistake not, will find in this account, a key to the pathology of certain cases of infantile disease, in which the functions of the lungs are chiefly compromised, but without the presence of symptoms indicating a degree of inflammation commensurate with the severity and fatal progress of the disease.—[Ed. Buff. Med. Jour.

"This disease consists in the imperfect expansion of the lungs by the first inspirations after birth; that is,—in a permanence of the fœtal state, in the lung of the new-born infant. It is to be regarded as a disease dependent upon restricted functional developement at the time of birth, and not upon any original defect of formation in the respiratory organs. When at all extensive, atelectasis terminates sooner or later in death; under more favorable circumstances, however, in early and complete, or in tardy and imperfect recovery. For, during the first days after birth, it is still possible that the evil may be surmounted by the vigorous penetration of air; whereas, at a later period, organic changes supervene, which forever incapacitate the undeveloped portion of lung from performing its proper office. There is, however, still wanting a complete account of atelectasis, as regards both materials and pathological deductions. I shall now endeavor to furnish as faithful an anatomical description as the case will admit of, the result partly E. Jorg's and partly of my own research.

"An entire lung, or even an entire lobe, is seldom found in a state of atelectasis,—but for the most part only single and scattered lobules. Experience shows that certain portions of the lungs are especially prone to retain the fœtal condition, namely, the inferior lobes of both lungs, and the posterior half of the remaining lobes generally. Still examples occur of several lobules near the anterior surface being found in like manner undeveloped.

"The diseased patches display a brown-red or rather a blueish-red color, which is more intense if the whole lobule is uniformly unexpanded,—in which case, it is marked off by a sharp contour from the surrounding pale-red healthy substance. Where, on the other hand, scattered cells within such a lobule have become inflated, the violet color is interrupted here and there, and passes by a gradual transition, and without any distinct boundary, into the natural shade. A distinguishing feature of actelectasis is however this, that the above patches upon the surface of the lungs always exhibit a depression, the superincumbent pleura remaining perfectly smooth and polished. A lobe either entirely, or the most part, in this condition, is never found enlarged, but on the contrary, of much smaller dimensions than the others, and almost as collapsed as in the fœtus; in general deeply imbedded within the thorax, and drawn towards the entrance of the bronchi and blood-vessels. Hence single diseased lobules do not attain the same elevation of surface as the healthy ones with which they are surrounded, but, as already stated, form depressions more or less considerable, so that the general aspect may be likened to the dimples created by emphysema, in adult lungs. Neither by incision nor pressure is any crepitation produced, unless where a few air-cells happen here and there to have become expanded. The same delicate reddish froth is never found here as in the healthy parts of the lung, but merely a small quantity of serous, slightly sanguinous fluid. The cut surface appears smooth,—uniform,—without a vestige of granular elevations. The whole of the diseased structure is not softened, but rather of a hard character, still without the tenacity of the healthy parts. When a patch so situate is cut off and placed in water, it sinks to the bottom.

"When atelectatic infants die a day or two after birth, it is generally possible to dilate artificially, the undeveloped parts. The depressed lobule is then seen to rise by degrees to the level of the rest, and to assume the color, permeability, and other characters of a sound lung. Up to this point, had other circumstances been favorable, perfect recovery might have taken place. Where, however, the little patients have survived for weeks or months, this inflation seldom succeeds, or only imperfectly. At this juncture, the unexpanded pulmonary cells are for the most part coherent: a remarkable fact, seeing how long the lungs continue unexpanded in the fœtus, without adhesion ever taking place. What ulterior transformations go on in the diseased parts, it is not yet satisfactorily determined; it is, however, more than probable that not a few indurations and depressions, especially the small calcareous concretions, sometimes occurring without any obvious cause, at particular spots within the lungs, (generally at the back of the inferior lobes), are referrible in some measure to the above source. At all events, it may be observed generally that, in atelectasis, the boundary line between the diseased and the healthy substance becomes less and less distinct, in proportion as life is prolonged. At the earliest period of infantile existence the contrast is very decided, the diseased parts being immediately surrounded by pulmonary texture in all respects natural and healthy.

"In infants who had died of atelectasis, E. Jorg invariably found the foramen of the heart unclosed; a fact confirmed by myself, but which, at that age, is not unusual. The brain was in a congested state. When death followed shortly after birth, the body had the appearance of being generally well developed, but was extensively ecchymosed; the hands and toes were clenched; and there was foam in front of the nostrils and of the closed mouth. Where, however, the disease had been of some standing, the body was wasted and the skin loose and wrinkled. Jorg remarks, that under these circumstances, both the affected and the adjacent parts are found inflamed, if not in a state suppuration. The details of Jorg's cases, however, clearly show them to have been complicated. Inflammation is neither necessarily nor even frequently the sequel of atelectasis, for often as I have witnessed this disease I have never met with a case of inflammation which could be directly traced to the diseased lobule. I have even seen a case of genuine pneumonia with hepatization of the inferior lobe, one portion of which being *atelectasic*, had not participated in the inflammation, but presented hard, knotty, depressed patches in the midst uf expanded, softened, hepatized substance.* Lobules retaining the fœtal condition, are quite passive in relation to other morbid processes, and especially to inflammation; the examples given by Jorg appear rather to have been cases of real pneumonia.

"It is here requisite to state that *atelectasis*, with the characteristic features above described, is not always accurately distinguished from other diseases; that condition having, in some instances, not been duly recognized, and, in many more, been confounded with quite dissimilar pulmonary affections. Indeed, the greatest discrepancy of opinion, or rather the greatest confusion prevails, so that I am here under the necessity, however hazardous it may appear, of submitting those discordant views to the ordeal of a critical examination. The French writers on children's diseases, who first turned their attention to the changes in the pulmonary texture of new-born infants, refer *atelectasis* chiefly, if not exclusively, to the head of *pneumonie lobulaire.* Several German authors have, without further inquiry, adopted this view, (Vernon, Der Artz am Krankenbette der Kinder, Wien, 1838, vol. ii., p. 54, &c. ;) while others, admitting the peculiarities of atelectasis when associated with ordinary pneumonia, continue nevertheless to connect it, either directly or indirectly, with the same inflammatory process. It will not be difficult to show wherein lies the essential difference between the two. In atelectasis, the coloring of the diseased portions of lung always approaches more to a violet, their exterior appearing smooth and glistening, so as to contrast with the dull, brown-red surface of inflammation. In inflammation, again, the diseased portions are preternatural distended, whilst in atelectasis they are collapsed, and inferior even to the healthy texture in volume,—but susceptible, provided the disease has not lasted too long, of artificial inflation, and capable, through its means, of acquiring a perfectly natural apppearance. In inflammation, the pulmonary texture is softened, in atelectasis it is hard, and the cut surface is not granular, but smooth. Where no complication exists, the anatomical characters of a first or third stage of pneumonia are not discoverable either in or near the diseased patch; in short, we have nothing like pneumonia except the solid, non-crepitant mass, which has been confounded with the second stage of that disease, namely, with red hepatization. Where single pulmonary cells have been found dilated in the midst of an undeveloped lobule, the absence of softening, and of the peculiar, congested, humid character of its texture, offers a wide difference between it and the first stage of pneumonia. A portion of lung retaining its fœtal condition allows a little thin, dark, apparently natural blood to escape upon pressure: in the first degree of pneumonia a tolerable quantity of a turbid, bloody fluid, mingled with fibrin, and with a few minute air-vesicles,—in red hepatization, a tenacious dirty-brown reddish,—in gray hepatization, a large proportion of grayish-yellow purulent fluid may be expressed. Atelectasis usually affects both lungs,—pneumonia is, for the most part, confined to one. Finally, the secondary phenomena attendant upon pneumonia, as inflammation of the pleura and of the bronchial mucous membrane, softening of the bronchial glands, fibrinous concrements within the heart's cavities, &c., are wanting in atelectasis. But the peculiar characters of this fœtal condition of the lung are only thus marked during the first few weeks after birth; subsequently, when, as already stated, ulterior changes take place, it becomes extremely difficult to form an exact diagnosis from mere cadaveric inspection.

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* The second case of Valleix (Cliniques des Maladies des Enfans nouveau-nes, 1838,) offers many points of resemblance with the above.

Jorg observed atelectasis in children, in whom the first act of breathing had been imperfectly accomplished, either because they were puny and feeble, or because they had been hurried into the world before placental respiration had been altogether suspended, and the necessity for pulmonary respiration become sufficiently potent to stimulate all the mucles of inspiration. He therefore concluded, that it was due to the inhaled air not sufficing to effect complete expansion of the lungs;* a view corroborated both by the symptoms and course of the affection. This partial introduction of air might be deemed at variance with the physical laws of respiration, inasmuch as the atmospheric pressure must necessarily distend the entire lung equably, not to the exclusion of a lobe, and, still less, to that of a lobule. The objection, however, falls to the ground, when it is considered that the operation of these laws is the result of previous muscular action. Moreover, there is a great analogy between the pathological relations of primal respiration and those of many other affections.—pleurisy, for instance, (see that article.) where the one-half of the chest—and especially in partial pleurisy, where certain portions—do not at all share in the movements of the remainder,—and where, again, after the absorption of circumscribed empyema, those very portions collapse and become totally inert, a partial deformity of the chest being the well-known result. We need, therefore, be at no loss to understand how defective breathing may originate in a merely partial activity of the intercostal or other respiratory muscles. It ought to be added, that such portions of the lungs as commonly require several forcible inspirations for their due expansion, are especially prone to remain in the fœtal condition. To conclude, it can hardly appear singular that atelectasis should be generally more extensive in the right lung, when we call to mind how the capacity of that half of the thorax is diminished by the great size of the liver in the fœtal state.

Atelectasis has been confounded with pneumonia by most writers on the diseases of children, as their own publications amply prove; for we find specified, under "infantile pneumonia," so much that is peculiar and enigmatical,—so many deviations from the same disease in the adult, as to render it obvious that two maladies of quite a dissimilar nature are brought under one rubric. Even the account they give of the appearances after death, are in many instances conclusive as to the justness of the above assertion; and that without reckoning the previous symptomatic relations,—namely, the frequent absence of true inflammatory phenomena, the want, or irregular accession of fever, and the very slender information derived from percussion and auscultation.† The existing difficulties have induced several writers to assume a double form of infantile pneumonia. Rilliet and Barthez‡ distinguish an acute and a chronic type: the first occurs in children, somewhat advanced, commencing with the symptoms of catarrh, and resembling in general the pneumonia of adults; the chronic form, on the other hand, assails for the most part new-born infants, and agrees, in symptomatic and anatomical characters, very closely with atelectasis. Thus Billard* affirms congestion to be more common in infancy,—true hepatization at a more advanced period; and Heyfelder (l. c. p. 140) confirms the remark made at the hospital for sick children at Paris, namely, that in children beyond the sixth year, pneumonia bears a close affinity to that in the adult. But this division of cases does not remove the difficulty; because, as Gerhard has shown, atelectasis chiefly concerns infants not above twelve months old.† Cruise,‡ who very properly rejects the idea of atelectasis being a pneumonia or bronchio-pneumonia, met with genuine inflammation of the lungs in young infants very rarely, and found the after-death appearances to bear a near resemblance to those of the disease in adults. His assertion, however, that in quite young infants this inflammation assumes only exceptionally, if ever, the same form as in adults, is in contradiction with experience,—so far at least as the anatomical characters are concerned. Again, the views promulgated with reference to the organic changes affecting the pulmonary texture, further evidence the obscurity and confusion that prevail. Valleix in his otherwise highly valuable work (p. 195), on the one hand, declares the pneumonia of children (though confounding it with atelectasis) to be identical with that of adults; whilst on the other he is perplexed by certain incongruities, really belonging to atelectasis. His greatest difficulty is, to account for the "*hepatized*" patches being always hardened, instead of softened, and for their cut surface being smooth, instead of granular. In the new-born child he never met with those secondary results of pneumonia, so constant in adults, and whatever has been encountered of that nature by others, he is forced to ascribe to some other morbific source. He also pointedly adverts to his own experience, as well as to that of others, touching the rarity of pleuritic or bronchitic complication. Billard (l. c. p. 534) expressly seeks to show that this disease essentially differs from the pneumonia of adults. He says: "the pneumonia of the new-born obviously arises from stasis of the blood in the lungs, the stagnant blood operating as a foreign body," &c.; and again, "The cause of the inflammation is purely mechanical, and it is not to be wondered at that the pneumonia is very circumscribed, and indeed limited to the patches originally affected."§ Seifert (Die Bronchial-pneumonie der Neugeborenen, &c., 1837) in a like manner compares the state of the lungs in question with hypostasis, (where, however, softening takes place, and not hardening,) the inflammation being rather of a congestive, venous character. He assumes four grades of bronchio-pneumonia (p. 94); these do not, however, represent the same inflammatory disease in different degrees of advancement, but different forms of one and the same condition, the description of which cannot fail to recall atelectasis to mind. Cruse (l. c. p. 113) endeavors to convince him that neither hypostasis nor inflammation is present, and hints at the possibility of atelectasis; but, without pursuing the subject any farther, refers the pathological changes to bronchitis. Rilliet and Barthez come nearest to the truth, in describing under the pneumonia of the new-born a peculiar alteration, namely, carnification. Here the affected portion is commonly situate at the base of the lung; it presents a smooth, compact cut surface, which, on pressure, emits a thin sanguineous fluid; it is sometimes associated with hepatization, and then the lung resembles that of a fœtus that has not yet breathed. The manner in which the disease spreads within the lungs is opposed to the course of pneumonia, but consistent with that of *atelectasis*. Seifert generally found both lungs similarly affected, and Valleix mentions, from researches made by Vernois at the foundling hospital of Paris, that, out of 113 cases, there were 100 in which both lungs were simultaneously diseased.

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* This explantion was given by J. C. G. Jorg (Professor of Midwifery at Leipsic,) in 1831, and published by his son, E. Jorg, M. D., the year following. See his dissertatio de pulmonum vitio organico, &c. Lips. 1832; and die Fœtuslunge im geborenen Kinde, &c. 1835.

† Compare Heyfelder (Studien im Gebiete der Heilwissenschaft, vol. ii. p. 136,)—Kluge (Vereinszeitung, 1835, No. xxx.)

‡ Maladie des Enfans. Prem. partie, 1838.

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* Tratie des Maladies des Enfans, nouv.-nes. 1833.

† Journ. des Connaiss. Medico-Chir. Sept. 1835.

‡ Uber die acute Bronchitis der Kinder, p. 118. 1839.

§ Cruveilhier appears to entertain similar opinions; although, where death occurs within a day or two after birth, he believes that the process of infiltration and inflammation must have commenced *in utero*. Out of twelve of his cases several, and of his figures Nos. 1 and 4 (livr. xv. pl. 2,) belong to *atelectasis*. He expressed himself thus cautiously concerning the disease: "Il meurt autant d'enfants nouveau-nes que d'adultes par les poumons."

Unequivocal cases of infantile pneumonia, whether lobar or lobular, such as I have myself examined, and as Kiwisch has published (Oesterreich. Medic. Jahrb. N. F. vol. xxi, Stuck 4, p. 534,) afford, on the other hand, the strongest negative grounds for establishing atelectasis as a distinct form. In the great majority of cases, Kiwisch found but one lung affected, the hepatized patches being invariably softened, and rendered cognizable from without, by a dull grayish coloring; conjointly with hepatization the other stages of pneumonia were present, including that of abscess; in every case there was pleuritic effusion more or less copious; bronchitis was seldom noticed,—endocarditis in one case; finally, percussion and auscultation always afforded the ordinary results, whilst the asphyctic and cyanotic phenomena were comparatively trivial.

In concluding these critical remarks, I consider myself entitled to draw the following inferences: New-born infants are prone to an organic affection of the lungs, altogether distinct from pneumonia, and dependent upon imperfect inspiration after birth, by many pathologists confounded with pneumonia, and by Rilliet and Barthez designated as carnification. The greater number of cases of pulmonary disease occurring at the earliest period of infantile life, and set down as pneumonia, may be looked upon as cases of atelectasis. The last assertion is, however, to be taken with some reserve,—inasmuch as, in vast lying-in or foundling hospitals

(Kiwisch), pneumonia is apt to become epidemic with new-born infants, and, under these circumstances, to attain a numerical preponderance over *atelectasis.*

On Chloroform. By Professors SIMPSON and MEIGS.—We have been favored by Professor Meigs with the following letter from Dr. Simpson, and his reply. A correspondence between these two eminent teachers of obstetrics, on the use of this new agent in the practice of midwifery, will be read with deep interest.

EDINBURGH, January 23rd, 1848.

Dear Sir,—By private letters from America, brought by the last steamer, I hear that in most of the cities of the Union, your chemists had failed in preparing proper chloroform; and that consequently, most experiments tried with it, had been unsuccessful. In Great Britain, and on the Continent of Europe, chloroform has every where entirely, or nearly entirely, superseded the use of sulphuric ether, as an anæsthetic agent. The want of success which has attended its employment in America, is, perhaps, owing in a great measure to an error of my own, viz.: to my not stating in my original account of it, the proper method of purifying it. This and other omissions were owing to the haste with which my first paper was drawn up.

I will feel, therefore, deeply obliged by your taking any measures that you may deem fit, to circulate amongst American medical men, the formula which I inclose for the preparation of chloroform. It is the formula used by Messrs. Duncan and Flockhart, our Edinburgh druggists, who have already manufactured enormous quantities of it. They always now are able to produce it as heavy as 1500 in specific gravity. Their first distillation of it is made in two large wooden barrels, with a third similar barrel as a receiver. They throw hot steam into the two first barrels, which serves to afford both sufficient heat and water for the process. They employ sixty pounds of chloride of lime at each distillation, and have been able to manufacture three hundred ounces of chloroform a day. Each ounce of the chloride yields, in the long run, about half an ounce of chloroform: consequently, to obtain three hundred ounues, (as above) about six hundred ounces of bleaching powder are required. At first they could only make ten or twenty ounces per diem, then they rose to sixty, and latterly, enlarging their barrels, they can make, as I have said, three hundred ounces in the twenty-four hours.

Various other chemical houses in Edinburgh, Liverpool, Glasgow, York, London, &c., are busy manufacturing it, in great quantities. They keep their formulas as secrets. But none of them make so good an article as Duncan and Flockhart, whose formula I append.

The statements which I have already made, may show you to what an extent the chloroform is used in this country; and our chemists tell me that the demand for it steadily increases with them.

In *Surgery*, its use is quite general, for operations, painful diagnosis, &c. My friend, Dr. Andrew Wood, has just been telling me of a beautiful application of it. A boy fell from a height, and severely injured his thigh. It was so painful that he shrieked when Dr. Wood tried to handle the limb; and would not allow of a proper examination. Dr. W. immediately chloroformed him—at once ascertained that the femur was fractured—kept him anæsthetic till he sent for his splints—and did not allow his patient to awake till his limb was all properly set, bandaged, and adjusted.

In *Medicine* its effects are being extensively tried as an anodyne, an anæsthetic, a diffusible stimulant, &c. Its anti-spasmodic powers in colic, asthma, &c., are every where recognized.

In *Midwifery*, most, or all of my brethren in Edinburgh employ it constantly. The ladies themselves, insist on not being doomed to suffer, when suffering is so totally unnecessary. In London, Dublin, &c., it every day gains converts to its obstetric employment, and I have no doubt that those who most bitterly oppose it now, will be yet, in ten or twenty years hence, amazed at their own professional cruelty. They allow their medical prejudices to smother and over-rule the common dictates of their profession, and of humanity.

No accidents have as yet happened under its use, though several hundred thousand must have already been under the influence of chloroform. Its use here has been a common amusement in drawing-room parties, for the last two or three months.

I never now apply it with anything but a silk handkerchief. In surgical cases and operations, the quantity given is not in general measured. We all judge more by the *effects* than the *quantity*. Generally, I believe, we pour two or three drachms on the handkerchief at once, and more in *a minute*, if no sufficient effect is produced, and we stop when sonorous respiration begins. Not unfrequently spasms, rigidity, &c., come on, but they disappear as the effect increases, and none of us care for them any more than for hysteric symptoms; nor do they leave any bad effect. But the mere *appearance* of them is enough to terrify a beginner.

I shall be glad to hear how the cause of anæsthesia gets on among you, and I remain with great respect,

Very faithfully yours,
J. Y. Simpson.

To Professor Meigs,

The following is the formula for Chloroform, communicated by Professor Simpson:

Take of Chloride of Lime in powder,	4 pounds.
Water, ...	12 "
Rectified Spirit, . . .	12 fluid ounces.

" Dumas."

The chloride of lime and water being first well mixed together, the spirit is added. Heat is then applied to the still, (which ought not to be more than a third full,) but as soon as the upper part of the still becomes warm, the heat is withdrawn and the action allowed to go on of itself. In a short time the distillation commences, and whenever it begins to go on slowly the heat is again applied. The fluid which passes over separates into two layers, the lower of which is Chloroform. This, after having been separated from the weak spirit forming the upper layer, is purified by being mixed with half its measure of strong sulphuric acid added gradually. The mixture, when cool, is poured into a leaden retort, and distilled from as much carbonate of baryta by weight, as there is of sulphuric acid by measure. The product should be allowed to stand over quicklime for a day or two, and repeatedly shaken and then redistilled from the lime.

Dr. Meigs' Reply to Professor Simpson's Letter.

PHILADELPHIA, Feb. 18th, 1848.

Dear Sir.—I have to acknowledge the favor of your letter of Jan, 23d, which I received yesterday.

The chemists in this country have produced very perfect chloroform, of the specific gravity of 1450, as I am informed, and which is much employed in dentistry operations, and to a considerable extent also in surgery.

I presume you will, ere this date, have received copies of Prof. Warren's pamphlet on "Etherization," which may inform you, very fully, as to the use of the anæsthetic agent in the Massachusetts General Hospital and in Boston. That eminent gentleman is more reserved as to the obstetric employment of the agent; much more so, I understand, than either Dr. Channing, Dr. Homans, and other practitioners, who make use of it very commonly.

In New-York, as I learn, the surgical application of chloroform is common, while its obstetrical use has not as yet acquired a general vogue.

In Philadelphia, we have the Pennsylvania Hospital, with more than two hundred beds. A very considerable amount of surgical practice, which renders that house a favorite clinical study for medical students of the United States, has not, as yet, furnished a single example of the exhibition of chloroform or ether as anæsthetic agents. The Surgical staff of the Institution have not become convinced of the propriety of such a recourse in the operations performed there.

In the Jefferson College, to which I am attached, as Professor of Midwifery, etc., there is a medical and Surgical Clinic held on the

Wednesday and Saturday in each week. The resort of surgical cases there is very great, and a Clinical day rarely passes without some surgical operations before the Classes. The clinical professors, (in surgery) Drs. Mutter and Pancoast, almost invariably employ the chloroform, and the successful exhibition of the article has entirely confirmed them in opinion of its great value. Some of the operations have been of the gravest character, and no serious event has occurred to check the career of the remedy.

As to its employment in Midwifery here, notwithstanding a few cases have been mentioned and reported, I think it has not yet begun to find favor with accoucheurs.

I have not exhibited it in any case; nor do I, at present, know of any intention in that way, entertained by the leading practitioners of obstetrical medicine and surgery, in this city. I have not yielded to several solicitations as to its exhibition addressed to me by my patients in labor.

As to the extension of the anæsthesia in the Southern and Western States, I am not at present enabled to give you information. I believe the practice is slowly gaining converts, and that it will become more and more common ere long.

You may perhaps feel surprised at this admission on my part, seeing that I am still a recusant; and I ought therefore to be allowed to explain myself, lest I should continue to appear ureasonable in your eyes.

Having carefully read the *Comptes Rendus* of the Royal Academy of Medicine of Paris, which contained full Reports of the copious discussions on the question of the Letheon, a few months since, and having also seen the English and American Reports in the Journals, and particularly having read your own pamphlet of "Remarks," &c., I may not properly be accused of ignorance of the power, effects, or motives, in relation to chloroformization in surgery or obstetricy. The copy of your own pamphlet, for which I now beg leave to thank you, would necessarily have put me *au niveau* on the subject.

Not being myself engaged in the practice of surgery, proper, I prefer to avoid my expression of opinion as to the propriety of the practice: and I do this upon the principle, *suum cuique tribuito*. It would be an impertinence in me, were I to interfere with the conduct of the surgeons.

But, in midwifery, to which a long and extensive practice has inured me, and rendered me a familiar, dispassionate witness of its various forms and phenomena, I am less liable to misconceptions. And here allow me to say, I have been accustomed to look upon the sensation of pain in labor as a physiological relative of the power or force; and notwithstanding I have seen so many women in the throes of labor, I have always regarded a labor-pain as a most desirable, salutary, and conservative manifestation of life-force. I have found that women, provided they were sustained by cheering counsel and promises, and carefully freed from the distressing element of terror, could in general be made to endure without great complaint, those labor-pains which the friends of the anæsthesia desire so earnestly to abolish and nullify for all the fair daughters of Eve.

Perhaps, dear sir, I *am* cruel in taking so dispassionate a view of the case; and it is even possible that I may make one of the number of those "amazed" converts of whom you speak in your worthy letter to me. But, for the present, regarding the pain of a Natural labor as a state not, by *all* possible means and always, to be eschewed and obviated, I cannot bring myself to the conviction that of the two, whether labor-pain or insensibility, insensibility is to be preferred.

If I could believe that *chloroformal* insensibility is sleep indeed, the most considerable of my objections would vanish. Chloroform is not a soporific; and I see in the anæsthesta it superinduces a state of the nervous system in no wise differing from the anæsthetic results of alcoholic potations, save in the suddenness and transitiveness of its influence.

I freely admit, for I know it, that many thousands of persons are daily subjected to its power. Yet I feel that no law of succession of its action on the several distinct parts of the brain has been or can be hereafter ascertained, seeing that the succession is contingent. Many grave objections would perhaps vanish could the law of the succession of influences on the parts of the brain be clearly made out and its provisions ensured. There are, indubitably, certain cases in which the intellectual hemispheres are totally hebetized and deprived of power by it, while the co-ordinating lobes remain perfectly unaffected. In others the motor cords of the cerebro-spinal nerves are deprived of power, whilst the sensitive cords enjoy a full activity, and vice versa.

In some instances, the seeing brain enables the patient to look upon the application of a cautery that he does not feel while it sears him, or of a bistoury, whose edge gives him no pain. In others, the influence of the agent upon the sources of the pneumogastric and phrenic nerves is dangerously, or at least alarmingly, made manifest by modifications of the respiratory force. It appears to me therefore quite certain that there is no known law of succession of the ether influences on the several parts of the brain. It is known that the continued aspiration of the vapor brings at last the medulla oblongata fully under its anæsthetic power, and the consequent of respiration, which determines the cessation of the oxygenation of the blood, and thereby of the brain, is death, M. Flourens' experiments, and others, especially those by the younger Mr. Wakley, of the Lancet, prove very conclusively that the aspiration of ether or chloroform, continued but a little longer than the period required for hebetizing the hemispheres, the cerebellum, the tubercula quadrigemina, and the cord, overthrows the medulla oblongata, and produces thereby sudden death. I fully believe with M. Flourens that the medulla oblongata is the *nœud vital*, and that, though later brought under the power of chloroformization, it is always reducible under it. Hence I fear that in all cases of chloroformal anæsthesia, there remains but one irrevocable step more to the grave.

I readily hear, before your voice can reach me across the Atlantic, the triumphant reply that an hundred thousand have taken it *without accident!* I am a witness that it is attended with alarming accidents, however rarely. But should I exhibit the remedy for pain to a thousand patients in labor, merely to prevent the physiological pain, and for no other motive—and, if I should in consequence destroy only one of them, I should feel disposed to clothe me in sack-cloth, and cast ashes on my head for the remainder of my days. What sufficient motive have I to risk the life or the death of one in a thousand, in a questionable attempt to abrogate one of the general conditions of man?

As to the uses of chloroform in the medical or therapeutical treatment of pain, the question changes. There is no reasonable therapia of health. Hygieinical processes are good and valid. The sick need a physician, not they that are well. To be in natural labor is the culminating point of the female somatic forces. There is, in natural labor, no element of disease—and, therefore, the good old writers have said nothing truer nor wiser than their old saying, that "*a meddlesome midwifery is bad.*" Is chloroformization meddlesome?

Your countrymen, old Thomas Rainold, in "the Woman's Booke, or The byrthe of Mankynde, at fol. LIII. says, "Very many be the perilles, daungers, and thronges, which chaunce to women in theyr labour." These are the cases requiring our therapeutical and chirurgical intervention. You will, my dear sir, think me a hopeless recusant, if I decline the anæsthesia here also. I pray you, therefore, allow me to state my reasons for such recusancy.

If I were amputating a limb, or extirpating a tumor, I should see all the steps of my incisions, ligations. &c. But if I apply my forceps in a right occipito-posterior position, (fourth of Baudeloque,) I know that I thrust the blade of the male branch, far upwards betwixt the face of the child and the upper third of the vagina, which, in this case, is already greatly expanded, and that the extremity of the blade is separated from the peritoneum, only by the mucous and condensed cellular coat of the tube. Now, no man, can *absolutely* know the precise degree of inclination his patient will give to the plane of her superior strait, while in pain; an inclination to be modified by every movement of her body and limbs. Under such absolute uncertainty, the best guide of the accoucheur is the reply of the patient to his interrogatory, "Does it hurt you?" The patient's reply, "Yes and no," are worth a thousand dogmas and precepts, as to planes and axes, and curves of Carus. I cannot, therefore, deem myself justified in casting away my safest and most trustworthy diagnosis, for the questionable equivalent of ten minutes exemption from a pain, which, even in this case, is a physiological pain:

Having thus, in my own defence, and not as attacking your opinion, set forth the motives that have hitherto served to restrain me from the administration of chloroform, I desist from giving you any further trouble in this line of thought. I have, sir, a far more pleasing duty to perform, in saying that your name is as well known, perhaps, in America as in your native land, and to congratulate you on the extension of your fame. I had the pleasure to read your interesting letter to my class, consisting of several hundred young gentlemen, who listened to your words with the same respect, as they would have paid to you, had they been pronounced by your own lips. They will disperse themselves in a few days hence, over all the States of the Union, and thus will have it in their power to report the latest dates of your opinions as to chloroform. I shall also allow it to be published on the first proximo, in a medical journal of extensive circulation. You will herein perceive the readiness with which I assist in disseminating your views. It is not without regret that I find myself opposed to your opinions in the case. That difference ought not, however, in the least degree to affect those sentiments of respectful consideration and real esteem with which I am, dear sir, very faithfully, your obedient servant,

CH. D. MEIGS.

PROFESSOR SIMPSON, &c.

The Origin of Vaccine Virus.—The question whether the vaccine disease in the cow is identical with the smallpox in that animal, in other words, whether smallpox communicated to the cow produces the Vaccine Virus, is still *sub-judice*. It appears to have been recently made the subject of some investigations in England to determine, if vesicles produced by inoculating the cow with smallpox virus, would yield a virus capable of producing, in the human subject, the vaccine vesicle. The results of several experiments, it is stated, establish very conclusively the identity of the Vaccine and smallpox virus, and that the former can readily be renewed by inoculating the cow with the latter. The question is one of no inconsiderable importance, as well as interest, and much credit will be justly awarded to whoever may succeed in settling it definitively. Hence, we publish with pleasure the accompanying communication, made, some weeks ago, to the Boston Medical and Surgical Journal, in which an American practitioner, Dr. Martyn, very satisfactorily establishes the priority of his experiments, and his claims to the honor of the discovery. As the experiments are interesting, we also copy in connection his former communication by Dr. Fisher, published in the Boston Journal in 1841.

The inquiry suggests itself (whether it possess any novelty or originality we cannot say) may not the vaccine disease in the cow have been primarily derived from the human subject? Its protective powers against small pox were first discovered by its having been communicated to those engaged in milking cows affected with the disease : may it not have been received by the cow, in the first instance, from the hands of the milker not fully recovered from the small pox, and afterward propagated from one animal to another by the hands of milkers? We throw out this suggestion, as it occurs to us at the moment, for what it may be worth. By Jenner, as is well known, its origin was attributed to the horse, being, as he supposed, the disease affecting horses called *grease*, communicated to the cow by inoculation.—EDITOR.

Perhaps the experiments which I made with variolous virus in October 1835, may throw some light on the subject. I resided at that time in the town of Attleborough. For this act I lost my practice, and was compelled to leave my native State and seek a new location. I removed to Greenville, Illinois, early in the spring of 1836, and remained there until the spring of 1843. I returned home in bad health, with a broken constitution. Since my return my my health has gradually improved, and I am now about to enter anew upon the duties of my profession. While at the West, I read of Dr. Creely's or Ceely's experiments, with variolous virus. I addressed a note to Dr. Fisher, of Boston, on the subject, in January, 1840. I suspected the gentleman from England had borrowed his idea from a certain guessing, experimenting *Yankee*, who had in 1835 communicated the results of his experiments to Dr. Fisher, and that Dr. Fisher had communicated the same to his friend Dr. *Creeley*, as no other individual was in the secret except Dr. Fisher; and this accounts for Dr. Creely's visiting Dr. Fisher in 1839, being four years afterwards, as appears from Fisher's letter of February 21st 1840. Ae says, "Dr. Creely, Dr. Putnam and myself, inserted various matter into the labia of the cow," &c. This may be an improvement ; it is, he is justly entitled to the credit of it, and shall have it.

I propose further to show, by facts and documents, and even the gentleman's own confession, that he is indebted to me for his idea, or, to say the least, I am entitled to priority in the discovery.

In a report made to the Rensselear Co. (N. Y.) Medical Society in 1841, Dr. Cook, (see Boston Medical and Surgical Journal, vol. xxxii., p. 49–55 and 73–75), after noticing the experiments of Dr. Sunderland and myself, says, "But probably the *most* satisfactoy, as being the most complete and best attested experiments of this kind, have been those of Mr. Robert Creely, of Aylesbury (Eng.) and his associates. Atached to a section or committee of the Provincial Medical and Surgical Association, appointed to inquire into the state of vaccination, he states that he undertook, among other experiments, to variolate the cow; that his first trials were failures, but that early in 1839, he was more successful. He then goes on to state the manner in which he inoculated the cow, &c."

Accordingly, the committee above mentioned, engrafting the principles deduced from Mr. Creely's experiments into their joint report to the Association at Liverpool, July 25th 1839, proceed at once on the ground that the question of origin is now settled, and under the first head treat of the "affinities between," what they call "cow smallpox and human smallpox." "What many gentlemen in this country failed to accomplish, we are happy to say has been at length achieved by one of the members of our Association. Mr. Creely, influenced by some of the facts and reasons mentioned above [alluding to the experiments of Drs. Sunderland and Martin] resolved to attempt to ascertain whether he could, by inoculation, impregnate the cow with human small pox." This, to my mind, amounts to a tacit confession that he (Dr. Creely) is indebted to me for his idea of variolating the cow.

And further, the reporters designate the experiments of Mr. Creely a triumphant conclusion of an investigation of more than fifty years' duration; and they remark, with cordial exultation, that the great problem respecting the nature of the security afforded to man by the communication of the vaccine disease is solved.

It will be perceived, from the above extracts, that Dr. Creely is to receive all the credit, and the Association at Liverpool all the honor, of settling this difficult and important question. "These things ought not to be." A humble individual of the profession has toiled hard, and suffered much, to accomplish this desirable object. And the credit and honor, if any there be, should redound to our common country, and to our medical profession in particular. It is for the profession to set this subject right, and see that there is no injustice on either side.

I will now attempt to condense the whole sum and substance, under a few general heads.

1st. I claim the discovery as original that the cow can be variolated with smallpox virus. "This is the great practical question at issue," "and this discovery puts into the hands of man an unfailing source of the vaccine virus, as long as necessity for its use shall continue.

2d. That whatever may be the nature of the virus produced, it is a safe and sure prophylactic against smallpox, when taken directly from the cow.

3d. The gentleman (from England) who has received the credit of this important discovery, is in my opinion in an error, and in consequence of building on another's foundation, had drawn false conclusions.
J. C. MARTYN.

S. Attleboro', Ms., Jan. 8, 1848.

The following is the letter from Dr. Fisher, alluded to above.

BOSTON, Eebruary 21st, 1840.

To J. C. MARTYN, M. D.

My Dear Sir:—I have had the pleasure of hearing from you through your father-in-law, and also through Dr. Flagg, and be assured that I was made happy in learning that you had not fallen a lifeless victim to the shafts of enemies, or the "damning praise" of false friends; and that you are now flourishing in the great West—land of enterprise and of future greatness. It had been a long time when Dr. Flagg called on me, that I had not heard of your whereabouts, or I should have written you on the subject of our old conversation—the reproduction of the vaccine by inoculation of the cow with variolous virus.

The letter which I received from you, containing a detailed account of your experiments, I read before our Medical Club, and accompanied them with some remarks of my own upon the subject of which it treated. The reading of the paper created quite an interest among the members of the society, and you received much and deserved commendation from them for the experiments you made. Had you been a physician of Boston, your experiments would have redounded to your credit and reputation; but in the place where you now reside, it seems you only received reproaches for your laudable and scientific efforts to aid and promote the cause of science and humanity. Envy and ignorance must have been the opposition which was manifested towards you. Such feelings and and such conduct are never entertained by the medical philosopher. They can emanate only from small minds and from quacks and the supporters of quacks. They are to be despised by all high and honorable minds.

I have noticed what you say touching your experiments for the reproduction of vaccine virus, and you ought to have, and shall have, the credit of making these experiments. I believe in the original theory of Jenner—that the cowpox is the smallpox, affecting the cow.

The late experiments in England and in this city prove this to be the true theory. A Dr. Creely, of England, during the last year, has inoculated a number of cows with *variolous virus*, and produced a visicle, which contained pure *vaccine virus*—which when inserted into the arms of children, produced the true vaccine vesicle.

The same experiment has succeeded here under the hands of Dr. Putnam.

Five days ago I inoculated a cow, and a friend of mine, Dr. Whitney, of Newton, inoculated three cows, with variolous virus. What the result of these inoculations will be, I cannot yet tell. I will inform you in due season. Dr. Creely, Dr. Putnam and myself inserted the virus into the labia of the cow—just at the point where the mucous membrane begins to show itself. This is the best and most convenient place of inoculation to ensure the production of pustle. Believe me very truly your friend,

John, D Fisher.

The following is the communication referred to contained in the Boston Medical and Surgical Journal, December 1, 1841.

Experiments on the Development of Vaccine Virus.

To the Editor of the Boston Medical and surgical Journal

Sir,—The following communication was addressed to me in a letter by John C. Martin, M. D., in 1835. Dr. Martin resided at that time in the town of Attleborough, in this State. The experiments which he made, as described in his communication, appeared to me to be so interesting and important, that I urged the publication of them at the time. But he declined then to publish them, on account of the excited state of feeling which his devotion to science gave rise to, in the village in which he resided. So great was the excitement of public feeling, which, I am sorry to state, was promoted in no small degree by his medical brethren of the place, that Dr. Martin lost his practice, and was compelled to seek a new location where he might practise his profession, and exert his talents for the benefit of medical science and the alleviation of human suffering. He removed to Greenville, Illinois, and has already obtained an extensive business, and established a reputation which his talents and devotion to medical science justly entitle him to. Having read of the success of the experiments instituted by Dr. Creely, of England, in re-producing the vaccine virus by inoculating cows with variolous matter, he wrote me a note in January, 1840, and requested me to hand you his statement of his experiments for publication in your Journal. I regret that his letter containing it had been mislaid, and that I have not been able, in consequence, to comply with his wish until the present time.

Dr. Martin, as well as others of the faculty, had been convinced that much of the vaccine virus in use was spurious—that having passed through so many individuals of different constitutions and habits of body, it must have lost some of its essential qualities, and that the numerous instances of the occurrence of small-pox in persons who had been vaccinated, were to be attributed to this deterioration of virus. It was this conviction that induced Dr. Martin to undertake and prosecute the experiments which he has deteiled in his paper.

He adopted the theory of Jenner, of Barron, of Sunderland, and others, "that the vaccine disease was merely the effect of the variolous poison upon the system of the cow." And had he been supported and encouraged by his professional brethren to prosecute his experiments, instead of being opposed and embarrassed, he would have gained much of the credit which has since been obtained by his distinguished professional brother in England, and would have had the honor of settling the question of the true source of the vaccine disease. The following is the communication of Dr, Martin referred to above, and should the Journal containing it be read by him, I hope he will excuse the long-delayed publication of his paper, for the reasons stated by his friend and correspondent,

BOSTON, Nov. 17, 1841. J. D. F.

Sir,—The following experiments may not be uninteresting to you. They were undertaken for the public good and for the benefit of science. And although I have suffered severely in mind and in purse, for making them, yet I am not sorry that the act has been committed; and all that I regret is, that I am not located in a community, and surrounded by medical men, who can duly appreciate my motives, and encourage me in prosecuting a series of experiments which I feel convinced might lead to successful and happy results.

A case of smallpox, in its worst form, having appeared in Attleborough, where I reside, and having myself, like many other physicians, failed in obtaining fresh and pure vaccine virus, and having, moreover, witnessed and read of the frequent failures of the vaccine disease, as an antidote to the attacks of smallpox, I became exceedingly desirous of obtaining the virus directly from the cow. It is true that the source of the cowpox virus is, and always has been, a matter of theory. Jenner, in his time, and many physicians of latter times,imagined. and supposed themselves to have proved, that pure vaccine matter was the result of the action of smallpox in the cow. I have been anxious to determine this point —so that should the theory prove to be true, physicians of this country might have it in their power at all times to obtain matter which would prove to be a more perfect prophylactic against variolous poison, than that which they are now obliged to use.

In order to test the theory fairly, I purchased a fat, healthy cow, eight years old, shut her in a stable, and fed her scantily for a few days. I then obtained some variolous matter from the individual who was sick with the smallpox, and who had been laboring under the disease eleven days. With this matter I inoculated the cow on the 2d day of October, 1835, in the following manner. I made, with a common lancet, fourteen or fifteen punctures in one of her teats between the cuticle and true skin, taking care not to draw blood. I then inserted into these various punctures, quills charged with the variolous virus. The wounds soon disappeared, and presented no appearance of being variolated until five days. On the *fifth* day the animal seemed to show some indisposition, and on examining her teat I discovered one small elevated spot at the point of insertion of one of the quills, and an evident febrile heat in the teat, when compared with those not inoculated. This increased febrile heat continued for about forty-eight hours, and then subsided. During this time the animal lost her appetite, became thirsty, her milk ceased to be secreted, and her teat began to swell.

On the *eighth* and *ninth* days a regular pustule was formed at the point inoculated, the margin of which contained some thin, light straw-colored fluid. On the *tenth day* the pustule had increased in size and become more prominent, and was distended with matter. At this period it was not regularly round, but presented an uneven surface. On the *eleventh day*, and evident change had taken place in the appearance of the pustule, it having begun suddenly to dry up. On the *thirteenth day* the virus had become solid, so that the pustule was converted into a crust, or scab, of a dark-brown color.

Besides introducing the smallpox virus into the udder, I inserted some also into a puncture which I made on the hip of the animal. This resulted in a sore and in the falling off of the hair. This inoculation produced no pustule or eruption, save at the point of insertion, so far as I could discover.

I now determined to insert some of this new generated matter into the human system, and observe its effects. Accordingly, I selected a healthy boy, aged 10 years, for the subject of my first experiment; and on the evening of the 12th day of October (the day I took some virus from the cow, being the 10th day of the existence of the pustule), I inserted some of the virus into the boy's arm in the same manner as in practising common vaccination. The symptoms resulting from the operation were the following. The virus lay dormant four days. On the *fifth day* a slight inflammation or red spot arose around the point of insertion. From this period the vesicle ran its course, like the common vaccine vesicle, was characterized by a well-formed and regular areola, and in due time was transformed into a perfectly round, mahogany-colored scab. The boy exhibited but little indisposition during the course of the disease, except headache, and he continued to play with his fellows about the street, and I saw no symptoms in his case which do not attend the vaccine disease in its various stages. It should be mentioned, however, that two or three small pimples appeared on the boy's face and arm. These did not fill, but soon dried and disappeared.

While observing the rise and progress of this disease, I had no doubt that the eruption was like, and that it was, the true and perfect vaccine vesicle. In order that I might not be deceived, however, I took the boy to Providence, and exhibited his arm to two physicians of that place, Drs. Brownell and Toby, both of whom pronounced the eruption to be the perfect vaccine, and gave me their opinion in writing to this effect.. Having satisfied myself of the nature of the eruption produced in the boy's arm, I took matter from it on the *seventh day*, and inserted some of it in the arm of my own child, which was five months old. On the *fourth day* a red spot appeared around the point of insertion, a vesicle was formed and observed the same course, and presented the same appearances, as did that on the boy's arm, from which the virus was taken. The areola, perhaps, was not quite so regular as in the case of the boy—and the febrile excitement was greater in the child, which I attributed to its natural irritability of temperament. There were in this case a number of secondary eruptions on the surface, resulting from the vaccination.

The *third subject* vaccinnated was also an infant. The child I vaccinnated with matter from my child's arm on the seventh day of the disease. This child's symptoms were similar to those presented by my own child; they were perhaps rather more severe. The areola was not so perfect, and there appeared on it a greater number of secondary vesicles which became filled with fluid. The *fourth* individual vaccinated, was a boy four years old. The virus with which I vaccinated him was taken from the arm of the child whose case I last described. The symptoms attending this case were similar to those presented in the preceding one—except that they were more severe. The areola, however, was not so regular, and the vesicle was rather more imperfect, and a greater number of secondary eruptions presented themselves on the body—some of which filled and formed crusts.

I will not trouble you further in describing cases. The whole number of persons I vaccinated was twenty-three, and the cases above described will give you a notion of the character and progress of the others. I will remark, however, that I think the last individual vaccinated had the disease more severely, as the matter used in producing it was more remotely related to the cow.

Such have been the results of my experiments, and I should feel highly gratified and honored with your opinion respecting them.

Very truly your friend, J. C. MARTIN.

On the Cure of Spina Bifida, by Injection of the Tincture of Iodine; by D. BRAINARD, M.D.—This disease and malformation not only constitute one of the most distressing affections to which infants are subject, being attended often with incontinence of the urine and fœces, paralysis of the lower extremities, but also, according to the best authorities, and indeed is shown by general experience, to be incurable, with few and rare exceptions. For if in the annals of surgery there are to be found a certain number of successful cases, yet when considered in reference to the whole number occurring, it will be seen at once that no plan of treatment yet proposed affords more than feeble chances of success.

Of these methods of treatment, it is not at all singular that the one which consists in evacuating the fluid more or less perfectly should have been generally adopted, notwithstanding that the evacuation of serous fluid by puncture in every other situation is generally found to aggravate the disease. In this case it is liable to prove fatal by removing the neccessary compression on the central organs of the nervous system. If the method has sometimes succeeded, it was from the inflammation induced by repeated punctures checking effusion and producing absorption, and not by any means from evacuating the fluid, which only gives it a greater tendency to increase. This danger and that which results from ulcerative inflammation at the point of the puncture, on a tissue like the covering of this species of tumor should prohibit its performance. We were led to these views by reflecting on a case of spine bifida in the Chicago hospital, in a girl said to be 13 years of age, in whom the tumor was situated at the top of the sacrum, being nine inches in circumference and about three in height, within thin walls. This girl had been paralytic in the lower members, but within three years had acquired a partial use of them, She was idiotic, and passed both the fæces and urine without regard to place. From neglect of cleanliness, numerous ulcerations and large cicatrices had, from time to time, been formed upon the pelvis and thighs.

Under these almost hopeless circumstances I determined to inject into the sac, a solution of Iodine, with a view of exciting inflammation and procuring absorption. This was done on the 2d December, 1847, in the following manner :—A small puncture was made with the lancet on the sound skin, about half an inch from the base of the tumor, and a trochar, of the size of a common knitting needle carried obliquely into the sac. Through the canula of this a solution of gr. j. of hyd. potass. with gr. ss. of iodine in f. i. oz. of water was thrown into the sac and the instrument withdrawn. A sharp pain followed which soon subsided. Compresses and a bandage was applied to prevent the escape of the fluid, and the child was laid in bed. There succeeded redness, heat and tension of the tumor with tenderness to the touch and some febrile symptoms, for which a cathartic was administered and evaporating lotions applied to the part. In the course of a week these symptoms subsided, and the tumor became soft, yielding, and diminished in size. Compression by the means of a roller around the pelvis was then applied, and kept up with as great degree of force as could be borne, but the filthiness of the patient and her indocility prevented this from being applied with regularity. It was frequently removed for twelve hours or more at a time ; still it diminished, and on the 29th December was about half its former size.

At this time a second injection was used of half the strength of the first. This produced but little heat or pain and the compression was continued. On the 15th January, 1848, the fluid was so far absorbed as to render it easy to press it down almost to a level with the surrounding skin. A spring truss was then substituted, and at the present time, the sac lies in wrinkles, the bony opening can be distinctly felt, and there is no increase of swelling when the pressure is removed. Recently there has been manifested a decided improvement in the intellect of the child, the other difficulties remain the same, but with the removal of the cause the partial paralysis will doubtless gradually disappear. The retention of the natural evacuations must depend npon the developement of the intelligence, and the gaining of a control over the voluntary muscles. In its present condition, this case shows that the injection of a solution of iodine, followed by suitable treatment, is capable of curing an ancient case of hydrorachitis, and (so far as a single case can be taken as a guide) with but little danger. Further experience will be required to determine the strength and quantity of the medicine to be used, the frequency of the repetitions, in younger subjects than this, it is obvious that the dose employed should be not more than a fourth of that used at first in this case. To those who would deem such a proceeding extremely hazardous, we would remark that a number of facts have, within the last few years, come under my observation, tending to show that serious membranes are, when filled with serum, much less disposed to inflammation than when in a healthy state. Experiments are required to show which among the astringents and stimulating fluids can be brought in contact with them with least danger, meanwhile the safety with which solutions of iodine may be thrown into the large articulations, into the sac of a congenital hernia, and in some instances into the peritoneum, and in this case into the arachnoid menbrane, will free us from the charge of presumption in suggesting that it, or some other solution, may be worthy of trial in those cases of hydrocephalus, ascites, and hydrothorax, which are hopeless under ordinary treatment.—*Indiana & Ill. Med. and Surg. Journal.*

On Typhus or Ship Fever, as witnessed at Grosse Isle. By GEO. M. DOUGLAS, M. D., Med. Sup., Quarantine Establishment, Grosse Isle.—Typhus and Typhoid Fever, popularly known at different periods, from its prevalence in particular localities, as *Jail, Camp, Hospital, Ship, Road,* or *Irish* Fever, is unquestionably one of the oldest diseases of which mention is made by historians. From the earliest ages, it has been remarked, that the accumulation of ill-fed people, in situations where ventilation and cleanliness are neglected, generates fever of a malignant type, which propagates itself in a manner more certain than any other disease. Thucydides ascribes the great plague of Athens to the introduction by Pericles of multitudes of rustics into the city, and who were crowded together in huts within the walls; and Livy imputed the first great plagues of Rome to the number of inhabitants pent up within its narrow limits. Medical writers are agreed in attributing to these causes the great plagues that devastated the city of London at different periods. Defoe, in his History of the Plague, very wisely counsels the authorities, "that they would consider of separating the people into smaller bodies, and remove them in time farther from one another, and not let such a contagion as this (plague), which is indeed chiefly dangerous to collected bodies of people, find a million of people in a body together again." The great fire of London did this for them the following year. The progress of civilization, the improvement in the moral and physical condition of the masses, and the great and increasing attention paid to cleanlines, ventilation, and drainage, together with a more regular and certain supply of food, have tended to remove many of the causes of fever in Europe. In Ireland we still find it indigenous; and though I am not prepared to go the length of Dr. Lombard, who asserts that the freize coat of the Irish labourer is its depository and vehicle, yet we have in this country abundant proofs that Typhus Fever is every year imported by the Irish emigrants, and by no other. Mr. Farr, the Register-General, has also shown, that in the three great "avenues by which the Irish labourer enters England, viz., Bristol, Liverpool and Glasgow, their crowding to excess in lodging-houses, their loathsome diet and filth, are productive of fever in these cities." And remarks at the same time, "that in thus directing attention to a weighty sanatory fact, it is far from our intention to convey any reflection upon the Irish people, as it can be shown that a few years back the English were as bad."—*MacCulloch's Statistics.*

A reference to the Tables annexed to this, will exhibit a yearly importation of fever into Canada by emigrants. The greater or less prevalence of the disease in Ireland, has been observed to depend on the crop of the common food of the people, the potato. The almost total failure of this esculent for the last two years, has produced a scarcity amounting to famine in some parts, and has thus augmented, to a degree hitherto unknown, the usual concomitant of famine, *fever*. Hence we witnessed last year the melancholy sight of every passenger vessel, with Irish emigrants, arriving freighted with this disease. The same was seen at all the ports of this continent where emigrants landed. The greater mortality in vessels coming to the British Provinces, may be attributed principally to three causes: 1st, the greater length of the voyage; 2d, the character of the passengers; and 3d, to being more crowded.

1st, The average length of a passage to Quebec may be estimated at one-third more than to New York, in consequence of the tediousness of the Gulf and River navigation and the inferior class of vessels employed in the timber trade.

2d, The higher rate of passage, and the restriction imposed by the system of bonding in New York, have the effect of driving all the aged, sickly, poor, and destitute to seek the route of the British Provinces. And

3d, The law limits, in the United States, the number to one adult to every fourteen superficial feet, and counts all souls on board. The English Passenger Act limits the number to one adult to every ten feet, and permits infants under twelve months to pass free. These causes will explain the greater mortality and *morbility* of passengers arriving in the British Provinces.

The chief circumstances which tend to render fevers communicable from one person to another are found to be,

1st, Humidity of the atmosphere.

2d, Deficient supply of food.

3d, Filth and imperfect ventilation.

It would be difficult to find any place where these three circumstances are combined in such a degree as in the hold of an Irish passenger vessel. Firstly, in addition to the usual dampness of a ship, you have in an emigrant vessel the humidity caused by the daily distribution of fresh water in small quantities to each individual passenger, and which, being kept by them in tins and pots in and under their sleeping berths, gets capsized very often by the roll of the ship, and thus adds to the general dampness; and in ill-regulated vessels, the passengers are permitted to wash their clothes in the 'tween decks. The air of the hold is thus always sur-charged with moisture, while its temperature is kept up by the heat given off by an accumulation of living bodies.

2ly, The supply of food is in many cases limited to a pound of bread-stuffs, or oatmeal, to each adult per diem, and this often in a mouldy damaged state. Thousands of the emigrants who arrived in Canada last season, had no other sustenance on the voyage.

3dly, The peculiar nature of a ship's hold is such, that ventilation, while the ship is under weigh, is all but impossible, in the only way in which perfect ventilation is obtained, viz: by passing a current of pure air *through* the hold. Wind-sails effect this in a very insufficient manner; and when, in rough weather, it becomes necessary to fasten down the hatches, the little supply of air which enters by them is shut out. Of the passengers a great portion are women and children, who are unable, in many instances when the weather is stormy, to avail themselves of the miserable "*cabinets d'aisances,*" (as when they do exist they are generally in the bows of the ship,) and are consequently obliged to pass their evacuations in the hold. You have here combined, all that could by any possibility generate a foul atmosphere; and when to this you have febrile miasma, the only wonder is that any escape the disease, as there is no running away from it. On visiting a passenger vessel, such as thus described, in a morning before the emigrants have come on deck, I have seen a stream of foul air issuing from the hatches as dense and palpable as seen on a foggy day from a dung heap or range of hot-beds ; and rarely did I find it necessary to enquire if fever prevailed on board ; that peculiar and characteristic odor which belongs Typhus Fever patients was perceptible to the sense on stepping on deck. To the foregoing cases ought to be added, the moral and depressing influence of fear of shipwreck, and grief at leaving their native land—both powerfully predisposing causes of fever.

The character of the disease as witnessed at Qarantine Hospitals, did not differ essentially from that so often and so well described in this country, as well as in Europe. The three great systems were more or less affected in all cases. In some instances the organs constituting the nervous system were more prominently affected ; such cases were more frequently seen in the better fed seamen, or English emigrant, who were occasionally found mixed up, in Liverpool vessels, with the Irish. In these cases the disease was ushered in with intense headache, great pain in the back and limbs, bloodshot eye, and early furious delirium. In some rare instances the sensorial faculties were overwhelmed at once as completely as in apoplexy. A stout healthy young man of 18, was struck down with such an attack on board the barque "Gilmour," in which vessel he was an apprentice : he expired in twelve hours. A similar case was witnessed in the ship "Mail," from Liverpool ; a stout seaman was attacked, and death supervened with equal rapidity. Both these vessels were unusually sickly. These cases are cited to prove the power of concentrated miasm acting on the nervous system.

The organs of secretion and excretion were more frequently affected than any other ; and such cases were invariably found most troublesome to treat, and more frequently had a fatal termination. Frequent observation convinced us of the correctness of Dr. Cheyne's remark, that dysentery was sometimes converted into fever, while *vice versa*, fever was converted into dysentery. When the symptoms of fever were exchanged for those of dysentery, it was probably by the irritation of the mucous coat of the small intestines and stomach extending to the large. Sydenham expressed the opinion, that dysentery is a *febris introversa*, or turned in upon the intestines.

Cases in which the derangement of the circulating system predominated, were not of such frequent occurrence as compared with others.

Petechiæ and maculæ were found in many cases, but were not so constant and universal as to justify our classing Typhus in the list of exanthems. Epistaxis was a troublesome accompaniment, and such cases where they did not terminate fatally, had a long and tedious convalescence. Dr. Benson, one of the medical attendants at the Quarantine Hospitals last season, a gentleman advanced in years, and for a long period connected with a large fever hospital in Ireland, fell a victim to an attack in which great hæmorrage from the nose and fauces was a prominent symptom. On its advent he resigned himself to death, saying he had never seen such cases do well in elderly people. He died on the fourteenth day.

Meteorism, or tympanic swelling of the belly, was another unfavorable symptom, occasionally met with towards the close of fever. A medical assistant in the Hospitals in 1836, who died from Typhus, had this distressing affection supervene on the seventeenth day. In this case, it was ascertained by a subsequent post mortem examination, to have been caused by ulceration of the ileo-cœcal valve. Forty-eight hours previous to his dissolution, there was as complete a reversion of the peristaltic motion, as in the most perfect case of strangulated hernia, as evinced by constant vomiting of fecal matter. Severe and protracted cases, especially those which ran into dysentery, were often complicated with excoriation and sloughing sores of the back, sacrum, and hips; the irritation and exhaustion produced by these, frequently turned the scale against the unhappy sufferer. Various topical applications were made to these sores, and means adopted to take off pressure. Among the former of these was a weak solution of Mr. Ledoyen's disinfecting fluid (solution of nitrate of lead). Marked benefit was obtained by its use in many cases, and in all it corrected the effluvium which so constantly attends large sloughs. In two of the cases where it was so used, it brought on lead colic.

Inflammation and swelling of the parotid gland was an occasional event after the fifteenth day; it was always looked upon as an unfavorable symptom, terminating often with gangrene and death with us.

Among the irregular and anomalous cases which occurred, were two or three, in which there existed an enormous craving for food, chiefly for meat, and any kind would be swallowed with avidity. This took place in each instance during the height of the fever, and at a time when the tongue was dry, cracked and glazed, the face flushed, and the pulse over 100. A similar phenomenon was observed during the progress of the fever with which Dr. Painchand, Sen. Physician of the Marine and Emigrant Hospital of this city was attacked. In this case, during the ingravescence of the disease, and at various periods afterwards, he was seized with an inordinate desire for food, which he eat with avidity, swallowing large pieces of beef steak imperfectly masticated. His convalescence was tedious, and accompanied by diarrhœa. I find that Dr. Satterley relates an analogous case, in the Medical Transactions, vol. v. Art. xxii., where the desire for food re-appeared on the fifth day, with a craving which it was impossible to satisfy. When the food was not allowed, various indigestible substances were devoured in its stead. In this case the disease extended, with numerous variations, to upwards of thirty days, when the fever unequivocally subsided, and the patient gradually recovered. A greater number of deaths took place from relapse after fever and from dysentery, than from fever itself; in both instances induced by errors of diet, which the greatest watchfulness could not prevent; or from sudden atmospheric changes, to which the convalescents were exposed in hospitals built of boards, and constructed with a view to free ventilation. The treatment was necessarily modified in different cases, according to the predominance of diseased action, in the different organs, whether in the *brain*, *chest*, or *abdomen*.

General bleeding was rarely employed, as few cases were seen in the very outset, when this remedy, if used at all, is alone justifiable. I fully concur with Dr. Smith in the opinion, that "it is in vain to hope to terminate fever by a stroke of art; that when the disease is once set up, it advances with a step as steady as time, and, like time, it never retraces a step." Many of the medical gentlemen in charge of the hospitals at Grosse Isle last season, had great faith in emetics in aresting the disease, but all sooner later gave up the their use, from a conviction of their inefficacy. Cleanliness, quietness, cool drinks, gentle aperients of calomel and rhubarb, or senna and salts, so as to produce two or three stools in the twenty-four hours, with three half pints of gruel or arrowroot per diem for diet, were the chief means resorted to during the progress of the fever. If head symptoms showed themselves, the *douche* was used, and a single fold of linen cloth wet with cold water was kept applied to the shaved scalp. If there still existed great restlessness and insomnia notwithstanding these applications, recourse was had to hyosciamus, as long experience has taught me, that delirium, coma, and death, often ensue, where attention to the important point of obtaining sleep is neglected. Stimulants were rarely employed in the early stages of the disease; towards the close and when the struggle came, brandy and wine were freely used, and when these failed to rouse the sinking powers, great benefit was often derived from the administration of large doses of gum-camphor; dose of 20 to 30 grains three times in the twenty-four hours were given, in substance reduced to a powder by means of a drop or two of spirits of wine. I have witnessed the most astonishing effects from the use of this drug, in cases where there was almost total insensibility, a thread-like pulse and complete loss of muscular power, as evinced by the sliding down in the bed. In such cases, re-action has been brought on, and the flagging powers recalled by it, even when wine and brandy by the half pint had failed to stimulate. Tartar emetic was used with benefit where the disease showed itself in the chest.

In the abdominal affection, where there was much purging, starch enemata with laudanum was administered, and a rag wet with turpentine was applied externally. This form of disease was always the most troublesome and unmanageable, frequently baffling all the curative means employed. *Alum*, the *mineral acids* combined with opium, chalk with and without opium, and the whole catalogue of astringents, were tried by the young medical men fresh from the schools, and having great faith in drugs. I did not find one who was not disgusted sooner or later with his pet remedy.

The disease is both contagious and infectious. In proof of which I need only refer to the Table (2) appended to this, to show how unerringly it was contracted by those whose duties brought them in contact with the sick in hospitale and ships. On the other hand solitary cases placed by themselves, where strict attention was paid to cleanliness and ventilation, frequent change of the clothes of the person and bed, and the immediate removal of all *ejecta*, appeared to be incapable of generating febrile miasm in sufficient quantity to communicate the disease. I only knew of one person so contracting fever last year among people in easy circumstances. Those who have once had an attack (with few exceptions) appear to possess a certain immunity for years after. I suffered in my own person from a severe attack, with petechial eruptions, delirium, and other bad symptoms, in 1836, and, though exposed every season since, have hitherto escaped a second attack. When exposed to concentrated miasm in the holds of sickly ships, or when the hospitals are much crowded, and the weather calm and sultry, I suffer from derangement of the bowels, lassitude, and nausea.

With respect to the morbid appearance after death, I regret that the want of room, time, and other difficulties, prevented advantage being taken of the extensive field of observation presented last year at the Quarantine Hospitals. Previous to last season I made a point of examining all bodies; on reference to notes then taken, I find the following morbid appearance more frequently met with: In the head the dura mater was rarely found diseased, though frequently adherent to the calvarium; the arachnoid and pia mater were often found more vascular than in a normal state, the substance of the brain itself, on being sliced with the scalpel, presented more bloody spots than usual; and there was in all cases effusion more or less into the ventricles, in some instances to the extent of two or three ounces. In the chest, the lining membrane of the bronchi was invariably found highly vascular, and thickened; and frothy mucus mixed with pus was found in the smaller tubes. The pleuræ were often found inflamed, and adherent in all cases at one or more points. The lungs were rarely found in a normal state, being either engorged with blood or serum, or presenting indications of inflammation, such as hepatization, &c. The heart and pericardium were seldom found to offer any morbid appearance. In the abdomen most of the organs, except the liver, were generally found deviating from a healthy condition.

The lining membrane of the intestines was found in various states of disease, from simple increased vascularity to positive ulceration. This latter morbid appearance was more often found in the large intestines, about the ileo-cœcal valve; increased vascularity and inflammation were rarely met with in the membrane of the stomach·

Where the large intestines were found in an ulcerated state, enlargement and induration of the mesenteric glands were remarked, especially of those attached to the diseased intestine.

[We omit Table 1, shewing the number and per centage of disease, and of deaths of Emigrants at the Quarantine Hospital, Grosse Isle, from 1833 to 1847, both years inclusive.]

TABLE 2.

Showing the number of Clergy, Medical Men, Hospital Attendants and others who contracted Fever and died during the last season in attendance upon the Sick Emigrants at Grosse Isle.

	Number who attended Hospital.	Number who contracted Fever.	Number who died.
Roman Catholic Priests	42	19	4
Clergymen of the Church of England	17	7	1
Medical Men	26	22	4
Hospital Stewards	29	21	3
Nurses, Orderlies and Cooks	186	*76	22
Policemen	10	8	3
Carters omployed to remove the sick, dying and dead	6	5	2
Clerks, Bakers, and Servants of Mr. Ray, suttler		15	3
Do. of Mr. Bradford.		4	1
Deputy Emigrant Agent	1	1	
Clerk to ditto	1	1	
Custom House Officers employed to examine baggage	2	1	
Servants of Roman Catholic Clergymen	8	4	1

TABLE 2.

Showing the average daily number of sick during each month of the season:—

May 15th to 31st	451
June 1st to 30	1508 ½
July 1st to 31st	1454 ¾
August 1st to 31st	2021 1-3
September 1st to 30th	1330 1-30
October 1st to 21	346 9-31

Average daily number sick during the season, 1307 8-159.

[*British American Journal.*

Warm Bath in Dropsy after Scarlet Feverr.—Dr. Golding Bird emarks, that as a prophylactic remedy the warm bath is invaluable n the treatment of dropsy after scarlet fever. He scarcely recollects a case occurring, where the warm bath was daily used, as soon as the skin began to exfoliate, and continued until a healthy perspiring surface was obtained. I have for many years employed warm baths as here recommended; but several cases of dropsy having occurred under the treatment, I found that it happened in cases where the bath failed to produce *speedy* exfoliation of the skin. I then used, and for some years have continued to employ, a modification of the warm bath, and with uniform success. I direct a quantity of bran to be scalded, the bath then reduced to a proper temperature, and continued friction to be kept up with handfuls of the bran during the immersion. The skin is speedily removed.—*Provincial Med. and Surg. Jour.*

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* Many of the Hospital Orderlies, Nurses, and Cooks were Emigrants, who were employed after their convalescence from fever, otherwise the proportion of sick would have been greater; as nearly all those who came down from Montreal and Quebec to be engaged, contrrcted fever, either at Grosse Isle or soon after leaving it.

A New Method for rapidly uniting Wounds by first intention.

[Communicated for the Boston Medical and Surgical Journal]

It is well known that common cotton, subjected for a certain length of time to the action of nitric and sulphuric acids, combined in stated proportions, is so changed in its intimate structure as to acquire an explosive property.

Professor Schonbein originally demonstrated this discovery, and ascertained the fact that prepared in a certain manner, this cotton is capable of solution in sulphuric ether.* It is known in the community by a name acquired from its explosive quality—*gun* cotton. I learned the manner of preparing this cotton, and of dissolving it in ether, from Dr. Chas. T. Jackson, who remarked upon it and exhibited specimens before the Natural History Society, in Dec. 1846, or Jan. 1847. He enumerated various uses to which it might be applied—among others, for a brilliant varnish. For this use I soon after prepared a bottle, according to his directions. While engaged in employing it in this way, I accidently smeared with it a fresh wound on my finger. The smarting called my attention to it, and I endeavored immediately to rub it off. It had dried, however, instantaneously, and remained on. The very soon ceased, and when the film was removed, perfect union had taken place. Since this time I have been testing the efficacy of this preparation, as opportunities have occurred, as a dressing for wounds, especially those which it is desirable to unite rapidly, by first intention. It will be seen to possess, very eminently, all the requirements for producing such a union.

1st. By its powerful contraction, upon evaporation, it places the edges of incised wound in much more intimate contact than is obtained by sutures and adhesive cloth—unites them by equal pressure throughout the whole extent of wound, and maintains them immovably fixed.

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* It has been shown to be soluble in chloroform.

2d. It preserves the wound perfectly from contact with the air—being impermeable to the atmosphere, while its adhesion to the skin is so intimate as to preclude the possibility of the air entering beneath its edges.

3d. The substances remaining in contact with the skin and wound after the evaporation of the ether, seems to be entirely inert so far as any irritating property is concerned, and this can hardly be said of any resinous adhesive cloth or preparation.

4th. It does away with the necessity for sutures in incised wounds of almost any extent.

5th. It is sure to remain in intimate contact with the skin until union is complete—and being quite impervious to water, and presenting a polished surface, it allows the surrounding parts to be washed without regard to the wound or dressing.

6th. It is colorless and transparent, thus permitting the surgeon to witness all that goes on beneath, without involving the necessity for its removal.

7th. No heat is necessary for its application, and the presence of any moderate degree of cold is only objectionable in retarding the evaporation of the ether.

8th. It may be made at a trifling cost—an ounce phial, intrinsically worth little, being sufficient for a great number of dressings.

It is not incised wounds alone which are amenable to its use, though the mode of its application to a stump, or an ulcer, or any wound involving an extensive loss of skin, must be modified.

It is of the first importance that this preparation be properly made and applied. The process for the application is very simple.

For straight incisions of *whatever length*, provided the edges can be brought together without great difficulty, it is better to apply the solution in immediate contact with the skin—as follows:—The bleeding should be arrested, and skin thoroughly dried, If the lips of the wound are themselves in contact, the surgeon has only to apply a coating of the solution lengthwise over the approximated edges by means of a camel's hair pencil, leaving it untouched after the brush has once passed over it till it is dry, during, perhaps, ten or twenty seconds. This first film will of itself have continued the edges together; but in order to increase the firmness of the support, more must then be applied in the same manner, allowing it to extend on either side of the incision a half an inch or more. If however the wound gapes, an assistant is required to bring the edges in contact and retain them so whilst the application is made. If the incision is so long that the assistant cannot place the edges in apposition throughout the whole extent, begin by covering a small portion at the upper end, and apply the solution to the lower parts as fast as it becomes dry above.* In this case something more than the film which is left adherent to the skin will be necessary for a safe and proper support to the wound, which may have a tendency to separate. The transparency of the dressing may be still maintained by adapting a piece of gold-beater's skin or oiled silk to the wound. This should be covered with the solution, and the membrane applied after the coating is on and already contracted. A dossil of lint, or a strip of cloth, or even a piece of tissue paper which is thus rendered tough and water-proof, will answer the same purpose, though not transparent. Where there is much separation, it is better to fortify the wound in this way at once, and as fast as the first coating is applied and dry.

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* Having made a dog insensible with ether, I made an incision down the back where the hair had been removed by an old scald six or eight inches in length, and dressed it alone with the preparation, without a suture. The union was perfect the whole extent n about thirty hours, even in the old cicatrix.

In dressing the wound left by the removal of the breast, the preparation may be applied in the same way. If, however, adhesion by first intention be not desired, the gum may be painted on in transverse strips, like adhesive cloth, letting the first strip dry and giving it the gold-beater's skin support before the second is applied. Thus room is left for the escape of pus, and the exposed portion may be watched without removing the strips.

As a dressing after the operation for hare-lip or cancer of the lip, where union by first intention and a narrow linear cicatrix are so desirable, this answers particularly well. The use of one or two sutures to the mucous surface is not obviated, as the solution will not adhere to the moist epithelium, or to a surface secreting mucus, with sufficient certainty. But this does not interfere at all with the satisfactory result upon the cuticle, as the skin will be probably united before the necessity for removing the sutures arrives.

In operations for the restoration of parts, as, for instance, the nose, where union by first intention is important, we have had no opportunity to see it applied, but from analogy do not doubt that it would succeed perfectly, as it fulfils so entirely many of the requirements for such union. The same of all plastic operations; and a drop placed upon a small cut, or the puncture of a sub-cutaneous operation, seals them hermetically.

In dressing an ulcer, where there is, of course, a loss of soft parts, it is better to apply it through the intervention of some medium. Let a strip of cloth or gold-beater's skin be cut of sufficient length, then let the two ends be covered thickly, an inch or more, with the solution. Apply this strip, like a strip of adhesive cloth, so that the middle of the cloth, where there is none of the solution, shall come over the ulcer. After all the strips are applied, the air may be excluded by painting the cloth upon the outside over the ulcer with the solution. The same contraction goes on in drying, and so approximates the edges of the ulcer, and gives it firm support.

These are a few points which may serve to illustrate the general plan of the application of the adhesive gum to wounds—it must be left to the surgeon to make special investigation, as particular case may demand.

To anticipate an obvious objection; the momentary pain arising from the direct application of the ether to an incised surface, may be in a great measure prevented by the intimate apposition of the edges of the wound. Again, this stimulus in brief, and probably more than counteracted by the refrigeration influence of the evaporating ether. There are undoubtedly cases when such a stimulus would prove beneficial. It is even possible that the rapidity of the union which takes place under a coating of this gum, may be due, in part, to the influence of this stimulus.

I will allude, in a few words, to some of the surgical uses of the solution of gun cotton unconnected with the dressing of wounds. It may probably be applied instead of starch to a bandage enveloping a limb. Here, again, its power of contraction is a desideratum, as a snug casing is generally desired, and the force is exerted equally. Perhaps the limb may be immersed in the solution without the intervention of the bandage: Several coatings will here be required. Its use as a means of rendering pasteboard splints impervious to water has been suggested to me by Dr. H. J. Bigelow; and a hundred other applications may be made of it at the bedside by the surgeon, who knows its nature and qualities. The pathologist, with his abrasions thus protected, may enter the inflamed peritoneal cavity with impunity, or examine fearlessly the products of inoculable lesions. In dissection, hang-nails, sores, or abrasions of any kind, will be thus fully protected.

I am informed that a series of experiments are being now made at the Massachusetts General Hospital, by the surgeons in attendance, who will be soon able to test its value and range of application.

Boston, March 16, 1848. S. L. Bigelow.

The Nature of General Shields' Wound.—This gallant soldier has recently been the guest of our city, and we were called upon to dress his second wound: being detained, we found our friend, Dr. Dugas, in attendance when we arrived. It is known that Gen. Shields was wounded twice in the recent battles in Mexico. By the discharge of a *cannon* at Cerro Gordo, he was shot through the body and given over as certain to die. The General thinks it was a grape shot that traversed his chest. The balls has evidently passed between the *lungs, through the mediastina;* entering within the right nipple, and passing out near the spine on the right side. He spat no blood, did not fall, and even gave the word of command after being wounded. In a few moments he was in indescribable agony, and even prayed for death, to be relieved!

None but a medical man can fully appreciate the nature of this wound, which has no parallel on record.—*Southern Medical and Surgical Journal.*

Yellow Fever at New Orleans.—The late epidemic was probably the most extensive that ever prevailed in this city. As to its severity and mortality, there may be difference of opinion. It is impossible to make a correct computation of the whole number of cases. Some have estimated it as high as *twenty* or *twenty-five thousand*, but we are inclined to think either of these calculations above the truth. As to the mortality, the reports from the cemeteries, as well as they could be obtained from the Board of Health, only make out something upwards of 2300 from yellow fever; but this again is thought by many to be far short of the reality, It is much to be regretted that we cannot obtain greater precision in such important details. The fever raged as an epidemic about two months, and the greatest mortality from it was in September, when the number of deaths reported to the Board of Health, amounted to 1044. During the prevalence of yellow fever in this city, the most frightful and exaggerated reports circulated abroad, but we shall really never get at the truth, unless greater efforts be made than any hitherto exercised.—*N. Orleans Med. and Surg. Jour.*

EDITORIAL DEPARTMENT.

Tracts on Generation; Translated from the German, by C. R. Gilman, M. D., Prof. of Obstetrics, &c., College of Physicians and Surgeons, New-York; and Theodore Tellkampf, M. D., Gefhard Professor, Columbia College. New-York, Samuel S. and Wm. Wood, 271 Pearl St. 1847, 8vo. p.p. 65.

This is the first of a series of publications on the subject of generation proposed to be issued, if the publishers meet with sufficient encouragement. It is a translation of a work thus entitled:—"Proofs that the periodic maturation and discharge of ova are, in the mammalia, and the human female, independent of coition, as a first condition of their propagation. By T. L. G. Bischoff, M. D., Prof. of Physiology, &c., Giessen."

Readers of medical periodicals are already acquainted with the new views of ovulation and fecundation which have been advanced by Bischoff, and other German physiologists. These views are compendiously expressed in the title page just quoted. They are not only highly interesting in a scientific point of view, but, if established, will be found to lead to various important practical deductions. One highly important relation, which may be mentioned, concerns medico-legal questions turning on the precise period of conception. Other bearings will at once suggest themselves to the mind of the reader. A detailed account of the proofs upon which these new views are based, must, therefore, prove highly acceptable to those members of the profession who are alive to progressive developments in the several departments of our science.

Without professing to have given to the evidence adduced that careful, deliberate attention which the subject merits, we are free to say that the proofs of the periodic maturation and discharge of ova of the mammalia, exclusive of the human female, seems to us pretty conclusively established. The argument of analogy, as respects the human female, it must be confessed, is strong; still, the position that the menstrual period is coincident with the maturation and discharge of ova, and analogous to the period of heat in inferior animals, seem to lack positive proof. With reference to this point, it is desirable that facts should be gathered bearing on the question whether fecundation be not known to occur at times sufficiently remote from the menstrual period to disprove the hypothesis that ova are produced exclusively at that period.

The present publication is on good paper, with large clear type, and is creditable alike to Translators and publishers. We trust the profession will sufficiently appreciate the value of a series of publications of which this is the commencement, to afford the encouragement requisite to insure its continuation.

The Medical Prctitioner's and Student's Library.—Under this title Messrs. Lindsay and Blakiston, of Philadelphia, propose to issue a series of original works on the various departments of Medical Science. Two volumes of the series have already appeared. One entitled "*Elements of the Principles and Practice of Midwifery,*" by Daniel H. Tucker, M. D.; the other "*Elements of General Pathology,*" by Alfred Stille, M. D. These volumes are to be followed speedily by a work on the diseases of children, from the pen of John F. Meigs, M. D.; a treatise on clinical medicine, by

Meredith Clymer; M. D., and a work on general or microscopical anatomy, by Francis G. Smith, M, D.

The following works are in preparation, to be comprised in the series:—On Minor Surgery, by Edward Hartshorne, M. D.; Special Anatomy, by John Neil, M. D.; Medical Chemistry, by Robert Bridges, M. D.; Materia Medica and Therapeutics, by Francis West, M. D.; Clinical Surgery, by Edward Hartshone, M. D.; and the American Dissector, by J. M. Allen, M. D. The price of each volume will be $1,25, or five volumes for $5. The books can be forwarded by mail; orders to be addressed to the Publishers.

We regard this enterprise as constituting an era in the history of the medical literature of this country. It is an important step toward the institution of a national medical literature. As such, it should meet with encouragement from the medical profession of the country. As Americans we should feel interested in it, although we do not doubt that its intrinsic claims should warrant success. The publishers deserve great credit, and we sincerely hope they will receive something more than empty praises. We shall notice in our next number, the volumes which have already appeared, and those which are to follow, as they are received.

Ethereal Solution of Gun Cotton.—This new *Boston notion* bids fair to compete for celebrity with its predecessor, the Letheon. From the fact that the advertising sheet of the Boston Journal is filled with advertisements for the sale of the new article, we infer that there is a brisk demand for it at Boston. We commend to the attention of our readers the communication in the eclectic department of this No., on the subject. Mr. Bigelow, we are informed, is a medical student. The honor of the discovery is contested by Mr. John P. Maynard, a fellow student of Mr. Bigelow. We trust the parentage of the new discovery will be settled with less discussion and ink-shed, than in the instance of the Letheon.

Starling Medical College.—The Professors, medical class, and friends of this Institution lately celebrated the organization, under the new charter and title, by a sumptuous supper. Speeches were made, sentiments offered, and altogether, if we may judge from the report in the *Daily Ohio State Journal*, the occasion was a joyous one.

The veteran Prof. Childs presided. We cannot refrain from quoting the report of his remarks, which, as coming from a Massachusetts professor who has seen something of the West and of Western Institutions, are relevant to a discussion in the original department of the present No. of this Journal:—

> "After the good things were despatched, the President for the evening, the venerable Professor Childs, of Massachusetts, made a very vigorous and animated speech. He dwelt particularly upon the destiny and prospects of the great West, and contended that our mental and physical energies were developing here more rapidly than in any other part of our country. There seemed to be more room for expansion, a wider field for enterprize, and a greater freshness and vigor in everything, than could be found elsewhere. It was scarcely possible to conceive of the destiny that awaited us, if we were true to our own best interests."

His excellency Gov. Bebb, and other distinguished functionaries of the Buckeye State were among the invited guests. Success to the Starling Medical College! We trust that other medical colleges may find *Starlings*, or, at least, *birds of the same feather*.

Dangers of Chloroform.—We have of late seen several notices of accidents attending the use of chloroform. In two instances it appears to have produced fatal consequences. In one of the instances referred to, the patient was operated upon for *fistula in ano* while insensible from the inhalation of chloroform, and died shortly afterward. He had previously been operated upon for the same affection while under the influence of the anæsthetic agent. Dissection revealed pulmonary disease, but this would not account for the sudden death, irrespective of the chloroform. This case occurred in New-York. The other case occurred in Cincinnati. In the latter, the chloroform was administered by a Dentist. On a post-mortem examination conducted by several physicians, among whom was Dr. Lawson, editor of the Lancet, the organs were found free from any lesions which would account for sudden death. These two are the only instances of fatal consequences which have come to us in an authenticated shape. But even a single instance, coupled with the fact that the agent is not infrequently found to produce alarming symptoms, should enforce the propriety of great caution and discrimination in its use. An overweening confidence in its safety has doubtless led to its injudicious employment in many cases. From the tendency of the mind to extremes, it is to be feared, perhaps, that these, and other accidents may lead to its premature abandonment, or to restriction of its use within too narrow limits. A *juste milieu* is desirable, and this is to be established upon the results of rational, careful experience.

Errors, Typographical, et cetera.—One of the most fruitful sources of anxiety and vexation incident to assuming the responsibility of publications of any kind, is the frequent occurrence of errors which the reader will be likely to impute to carelessness, if not to ignorance. The journalist, especially, is exposed to annoyances of this description, having generally less leisure and opportunity to provide against them, and hence, the most competent and practiced in this line of literary labor, is constrained to solicit the indulgent oversight of his readers. How much more dependent upon the leniency of criticism is one who can neither presume upon any particular qualifications, nor upon the advantages of much experience! But, more than all, the medical journalist must rely upon favorable oversight in this respect, when his editorial services are performed amidst the irregular and varied requisitions of his daily professional avocations. The latter of necessity claim precedence over superadded pursuits, and of their requiring character, and the utter impossibility of reducing them to any systematic arrangement so as to leave stated periods for literary, or other labors, every medical man, in active practice, must be fully aware. In so far as we are concerned, we have no reason to feel that our readers are not disposed to make ample ample allowance for all venial errors. We allude to this subject, chiefly, that we may have an opportunity to express the hope that our readers will not think that *all* the inaccuracies which may be detected in every number of our journal, are evidences of our own inability to discover them, when too late for corrrection. We are as far from asking any peculiar favors, as we are from assuming to be beyond the necessity of charitable consideration, but we would have it considered that the medical practitioner who ventures to incur the responsibility of editorial duties, must, necessarily, often commit his manuscript to the hands of the compositor without having had time for elaborateness of composition, or careful revision, and that the correction of proof is generally required to be done at short notice, and must be attended to frequently in intervals snatched from other pressing engagements, with which the attention is pre-occupied. We would farther intimate that the printer is responsible for a certain proportion of errors which it is his province to avoid, or rectify, and, also, for some which have been duly marked, but escape correction. Were it not for circumstances which we have mentioned, we assure our readers that we should not be guilty of the tautology involved in the phrase "chemico vital chemistry," nor should we allow *anæmia* to be printed *anœmia*, *alkalies*, *alkalis*, and other perversions of orthography, &c., which are readily enough discoverable without microscopical analysis.

That all our errors are oversights we do not mean to imply, and, to be perfectly candid on the subject, we should confess. in bespeaking the indulgence of our patrons for venial faults, we are not without hopes that good nature may lead them to place the most charitable construction on errors of which we are unfortunately unconscious, and for which no valid apology can be rendered.

Influenza.—This epidemic has been very extensively prevalent in Great Britain and throughout Europe. At Lille, 10,000 persons are said to be affected by it: at Toulouse, upwards of 15,000: whilst at Marseilles, out of a population of 160,000, at least half are suffering from it.—*Annalist.*

Ranking's Abstract.—No. 6 of this valuable work has been promptly issued by the enterprising publishers, Lindsay and Blakiston, of Philadelphia. We need not repeat our recommendations of the work. Every intelligent practitioner buys it as a matter of course.

To Correspondents.—Communications have been received from Drs. Ganson, Green, and Meachem, which will appear in our next.

BUFFALO MEDICAL JOURNAL
AND
MONTHLY REVIEW.

VOL. 3. MAY, 1848. NO. 12.

ORIGINAL COMMUNICATIONS.

ART. 1.—*Case of Penetrating Wound of the Thorax.* By T. G. Meachem, M. D.

The subject of the following paper was a German, aged 21, of bilio-sanguine temperament, and strong vigorous constitution. In August last, while seated on a load of wheat descending a rough and uneven declivity, with a three-tined pitchfork loosely held in his hands, its points directed towards him, an unexpected jolt of the wagon suddenly threw him from his position to the ground, on to which, with an impulsive, but incautious effort to break the force of the fall, he attempted to rest the end of the fork, by which means his body was cast heavily on the opposing tines. So great was the momentum with which it met the instrument, that the stale was snapped short off, as though it had been a reed, about three inches from the socket; and so firmly was the remaining portion of the instrument set in the chest, that it was not without considerable difficulty that a fellow laborer succeeded in extracting it. As soon as possible the wounded man was conveyed home, from which, happily, he was not distant; and a messenger was immediately despatched for me. On arriving at the house, I found the patient, supported by two assistants, seated in a chair with his garments dyed in gore, and laboring under the following symptoms:—Complete aphonia; urgent dyspnœa and sense of suffocation; the head drooping, and the limbs relaxed; copious and cold perspiration; the countenance of a death-like pallor, and expression of agonizing anxiety; the pulsation of the radial artery almost extinct; immobility of the costal parietes, the abdominal muscles acting vicariously; and at every inspiration a gush of blood accompanied with bubbles of air, or followed by them, from the wounds in the chest. A single glance sufficed to show that he was in a state of extreme collapse; and satisfying myself by a hasty physical exploration of the thorax, that the prostration was not as much the result of internal hemorrhage as of the shock the system had received, I prescribed the usual diffusible stimuli, and rest in the horizontal posture. The latter part of the prescription, however, could not be tolerated for a moment, owing to the increase of dyspnœa and sense of suffocation it produced; and it was therefore countermanded. As soon as reaction had been partially effected, I proceeded to examine the nature and extent of the injury, and found three separated wounds on the right side of the chest; one situate above and a little to the right of the nipple, immediately over the third rib; the second directly below the nipple, between the fourth and fifth ribs; and the third between the fifth and sixth ribs, in proximity to the sternum. The first puncture, judging from its position—*over the rib*—as well as from the absence of hemorrhage and the non-escapement of air from it, evidently did not extend into the cavity of the thorax, and was consequently a mere flesh wound. The second wound, however, from the presence of those symptoms absent in the first instance, must not only have pierced the thoracic cavity, but must have involved the lung itself; though, from the fact that the tine which caused it had been broken at its point prior to the accident, probably not to any great extent. The third wound, on the contrary, was of a highly serious character; for, reasoning from all the circumstances attending it, it must have penetrated the chest to the depth at least of two and a half or three inches. They were all in an oblique direction downward, the fork having come into collision with the chest with its convexity upward. Seeing the grave nature of the case, and wishing to give my patient the benefit of united medical experience, I sent for my friend, Dr. Webster, of East Bloomfield, in consultation. In the mean time, reaction being pretty well established, I drew 12 oz. of blood from the arm, which produced a decided melioration of the suffering and distress. On conferring with the Dr., it was resolved to close the apertures, and apply a firm bandage to the thorax to prevent motion of the ribs, the practice recommended by Hennen, Druit, and others; and having, in addition, enjoined on the patient through his friends the necessity of perfect quietude and strict adherence to the antiphlogistic regimen, we left, with a promise on my part to see him again in a few hours.

11 *o'clock*, *P. M.* Reaction again taken place, the skin having become hot, the respiration labored and quick, the pulse full, hard and rapid, &c., &c. Slight dulness on percussion over the right dorsal, lateral, and mammary regions, together with a diminution of the respiratory murmur in the same regions, phenomena due, doubtless, to the effusion of blood into the pleural sac; but as the patient could not be moved without experiencing great pain, the fact whether or not they shifted their site according to the position he might assume, could not be ascertain. ℞, V. S. 24℥. I staid with him during the night.

Thursday 8, *A. M.* Has passed an uncomfortable night, having been unable to sleep but a few minutes at a time. Febrile action again on the increase, though it has not attained the point at which it was last combatted by bleedings. A white coat forming on the tongue. Some degree of cough present, unattended by expectoration. No change in the physical signs. ℞. V. S. 16℥; after which, sulph. mag. 1℥.

4, *P. M.* No operation of the cathartic. Pulse changed but little since morning; by no means bad relatively. Inability to lie down in the recumbent or lateral positions. Pain in the chest on inspiration. Has urinated freely, the urine being somewhat heightened in color. Considerable thirst, though not much anorexia. Tongue the same; and no mentionable alteration in the physical signs. ℞. sulph. mag. 1℥. to be repeated in six hours, if necessary.

Friday, 10. *A. M.* General symptoms the same as yesterday. No movement of the bowels. The bandage having become loose, I removed it for re-adjustment, taking occasion to examine more closely than I could otherwise do, the physical condition of the chest. The right side was far less mobile than the left. On applying my ear to the mammary region of the right side, an unusually loud, clear, and, apparently, *near* crepitation was audible on inspiration, for which, at first, I could hardly account; but palpation of the integuments soon solved the mystery by revealing a slight emphysema in the part, so that the air effused into the cellular tissue, had, at every upward movement of the thoracic parietes, been compressed against my ear, necessarily producing an *abnormal* crepitation, if I may so term it. Not having seen this source of error alluded to in any treatise on the physical diagnosis of diseases of the chest, (although the abstract fact that emphysema will cause a crepitation on pressure of the part affected, and is, indeed, to be recognized in that manner, is mentioned by all), I was not, I must confess, prepared to meet with it, especially as the emphysema was *so* slight as to occasion no visible tumor or distension. The lesson of caution, however, which all such instances should teach the surgeon, is one certainly worth remembering; for, without uncharitableness, I may venture to say that a hasty, superficial, or ignorant examiner might easily be led astray by a phenomenon much simpler than this, which, by such a one, would probably have been located in the lung instead of the teguments of chest: How widely different the pathology of the two cases, and how *toto coelo* dissimilar their resulting treatment! As might have been anticipated, this emphysemal crepitation interfered very much with the recognition of the physical sounds of the lung: in fact, over the small space which it occupied, it almost entirely masked them, rendering the information they might otherwise have afforded, nugatory. To the right of the mammary region, where the emphysema did not encroach, the minute crepitation of commencing pneumonia, or pneumonic crackling, was quite perceptible, gradually diminishing in intensity as the ear traveled from the mammary into the lateral region. With the exception of the diminished respiration already referred to in the lower portion of the dorsal region, the respiration in that part was normal. Percussion over this region gave the dulness previously spoken of; over the lateral region a dulness steadily increasing as you approached the sternum, proportionably with the decrease of the respiratory murmur and the augmentation of pneumonic crackling; while on the mammary region its employment was wholly prohibited, on account of the tenderness and pain present from the inflammatory action going on in it. The remaining regions of the right side of the thorax yielded their usual healthy signs, with the exception of a diminished force of the vesicular murmur. Thoughout the left side of the chest puerile respiration was well marked. As the degree of pneumonia existing was no greater than might naturally have been expected, and, perhaps, desired for the reparation of injured parts, I thought it best not to prescribe for it directly, but, resolving to watch it, I ordered the following medicine: infusion of senna with salts (the senna tea of U. S. Dispen.) 2℥ every three hours, until it operated.

5 *P. M.* No particular change ; and no action of the bowels. Complains of hunger and faintness. Some boborygmus. ℞: infusion of senna with salts once in two hours, with an occasional enema; and may be allowed at intervals a small quantity of thin water porridge.

Saturday, 11, *A. M.* Cathartic operated well. Symptoms of pneumonia stronger and more decided than yesterday, which the physical signs corroborate. ℞: sol. gum acac., nit. pot., and tart. antim., once in three hours.

Sunday, 12*th*. Pneumonia unabated. In the course of the night the bloody pathognomonic sputa began to be expectorated. More pain on inspiration than heretofore. Pulse about 90, full and quick, but soft. Continue solution every two hours.

Monday 13*th*, *A. M.* Much improved in every respect. From this time, under the moderate use of ipecac, calomel, and Dover's powder, with an occasional laxative, he steadily convalesced, though it was not for several weeks after he was able to follow his ordinary avocation, that the injured lung appeared to have regained its normal state.

The after treatment of this case strongly suggested to my mind the following query: Why would not *iodine*, in some of its numerous forms, be a valuable remedy in removing liquids effused into the pleural cavity? Reasoning analogically, it most undoubtedly would; for in producing absorption of effused fluids in other serous sacs, as in the instances of ovarian dropsy, ascites, and hydrocephalus, its virtues are far from hypothetical. If I mistake not, it was the reputed sanatory influence of nit. arg. in solution over certain inflammations of the mucous membrane of the mouth, fauces, &c., that led to its trial in dysentery, diarrhœa, and laryngitis. Why may not an experiment with *iodine*, based on similar principles, establish *its* efficacy in hydrothorax or even hemathorax? Has the matter ever been satisfactorily tested? If so, our standard authors are culpably silent on the point.*

EAST BLOOMFIELD, Ontario Co., N. Y. March, 1848.

ART. II.—*Remarks on Ether, and Chloroform.* By CALEB GREEN, M. D.

DR. FLINT, HOMER, March 14th, 1848.

Dear Sir:—I have made a few observations on the effects of sulph. ether and chloroform, which I will state briefly; and if you should judge a knowledge of them would be of any value to the profession, you are at liberty to publish them. I have seen the sulph. ether administered in a few cases by a dentist, and have in one case observed the induction of total insensibility to pain, but not unconsciousness. In the others, there was neither unconsciousness nor insensibility—the patients suffering nearly as much from pain as when not under the influence of ether, although they were decidedly "tipsy." The most obvious effects which I have noticed are, laborious breathing, dilated pupil, pale or flushed face, prostration of strength, at first increased, and afterwards diminished force and frequency of the pulse, and mental aberration. In some cases these effects were followed by headache, but in others the previously existing headache was relieved. I state the cases only that I have witnessed, and my observation has been limited.

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* Iodine, in chronic pleuritis with effusion, is strongly recommended by Dr Stokes, of Dublin. Dr. S. gives this article preference over any other, as a sorbefacient in that disease. He recommends it to be administered internally, and, at the same time, applied externally over the chest.—EDITOR.

I have made two or three experiments on the lower animals, with ether. The first was on a cat, six or eight months old. We placed a sponge saturated with ether in a glass jar having a hole in the bottom. This was placed to the nose, and she inhaled it readily. In about half a minute total insensibility was induced, with slow, laborious breathing, greatly dilated pupil, and frothing at the mouth. She recovered in less than half a minute. Two days afterwards we brought her to the table again, and induced total insensibility in less than a minute. I immediately laid open the abdomen and chest, during which the animal gave not the slightest indication of pain. The lungs collapsed, the heart continued feebly in action about five minutes, and the peristaltic action of the intestines continued about half an hour. The brain and venous trunks were fully engorged—the lungs free from congestion. This, by the way, is a very humane and convenient method of displaying the thoracic and abdominal viscera during life. In this instance the lacteals were beautifully exhibited, being full of chyle.

The last experiment was on an old cat. Insensibility was not as readily induced as in the former instance. In about five minutes insensibility was induced, with slow *stertorous* breathing, like apoplexy, dilated pupils, &c. I laid open the chest and abdomen. The right auricle and ventricle were fully distended with black blood. I was unable to excite contraction of the heart, with the exception of three or four feeble contractions of the auricles. The lungs were free from congestion. The cerebral vessels were fully engorged. In this, as in the former instance, the smell of ether could readily be detected in the brain, on opening the skull twenty-four hours, or more, after the operation.

I have seen the chloroform administered in several instances. In some cases its operation did not differ much from ether, with the exception that insensibility was sooner induced—from one half to two minutes. In one instance, more than the usual quantity failed to procure any thing more than a little vascular excitement. In one case the patient—a young man—was greatly agitated, the face flushed, and when coming out of its first effects he complained of unwonted sounds in the head, ringing in the ears, &c. A young man, who had taken it for the purpose of having a portion of the toe nail excised, observed to me that about half an hour after the operation he was attacked with violent rigors which passed off after some hours. In another case, for a similar operation, a young lady aet. about 20 years, fat and plethoric, took chloroform. It did not produce entire insensibility, but was followed with rigors, a sense of great expansion of the head, and with various spasmodic symptoms during most of the day.

I have never given it to any of my patients, nor do I think I shall, at present. I fear it more than I do ether.

I shall continue my experiments on the lower animals, both with ether and cloroform, and if I notice any results of interest, I will advise you of them. Perhaps the above account will be of no service to any one ; if you so judge, do not clog your pages with it.

Yours truly, C. GREEN.

ART. III.—*Oleum Tiglii—Dose Extraodinary.* By J. B. Pride, M. D.

On the evening of the seventh inst. I was hastily summoned to visit P. P. R——, a law student in this city, who had, by mistake, twenty-five minutes before, taken a spoonful of Croton oil. Having a slight cold, and attendant cough, which harrassed him somewhat, his mother had administered, as she supposed, a teaspoonful of syrup of Ipecac. Soon after taking the medicine he experienced a very unusual burning sensation in his throat, which induced him to enquire what had been given him ; when, upon examination of the bottle whence the dose taken was poured, it was found that she had administered croton oil, instead of the syrup which she had intended.

I immediately ordered mucilage of Gum Arabic, and directed the patient to drink of it freely, concluding—hastily to be sure, but upon more mature reflection, I think correctly—that by giving freely of mucilage, thus shielding the mucous membrane as effectually as possible, I should do all that could be done, to prevent the evil that might be expected to result from the passage of so powerful an agent through the alimentary canal.

There were no unnatural symptoms presented, in this case, during the first hour after the oil was taken, except the burning in the fauces, which extended to the œsophagus and stomach, and a general sensation of debility. One hour from the time he took the oil he vomited very freely, ejecting, no doubt, the entire contents of the stomach. I was unable to detect, however, any traces of the oil in the ejected matter.

In two hours from the time the oil was given, it operated very powerfully as a cathartic. The alvine discharges were frequent, indeed almost continuous, for about forty-five minutes, the latter part of the time the evacuations were principally serous, emitting no odor whatever.

Having sustained the system during this violent cathartic operation with diffusible stimulants, I now gave him Sulph. Morph. grs. ss, and prepared more powders containing each ¼ gr. of the same, and directed them to be given once in two hours, if the patient did not sleep—and left him until morning.

8th, 7 o'clock, A. M. Found the patient comfortable ; has slept most of the time since I left him, it having been five hours. The alvine discharges were nearly arrested. Continued the anodyne powders for the next twelve hours. Enjoined rest and abstinence from stimulating food and drink, and continued the mucilage.

7 o'clock, P. M. Has rested quite well most of the day, but for the last two hours has been much annoyed by a painful tenesmus. Ordered anodyne clyster of starch and laudanum, which, in two hours quite overcome this difficulty, having been twice used. Directed him to take of olive oil a teaspoonful once in four hours.

9th, 8 o'clock, A. M. The patient has slept well through the night, and feels very well, but is extremely weak. Continued the olive oil.

8 o'clock, P. M. Had spent the day very pleasantly; appetite partially restored, moderately indulged, and no aggravation of symptoms. The olive oil, as was intended, has acted as a gentle aperient, producing an almost natural healthy stool. Recommended the continuation of the olive oil occasionally, and suspended treatment in the case. The patient after having suffered *much* from *excessive* irritation, both in the alimentary and urinary passages, and from extreme prostration of the system generally, has gradually

recovered his health, and is now able to resume his ordinary business avocations.

I have said that the dose taken in this instance was a teaspoonful, and since we have no standard for the size of teaspoons, and choosing to be definite in this matter, I went to the store of the druggist, and filled the same teaspoon, used in administering the oil, with oil of the same quality administered—which by the way was a genuine article—and found that my patient had taken *ninety* drops of Oleum Tiglii.

BUFFALO, March 30, 1848.

ART. IV.—*Case of Cervical Tumor and Operation*. By H. GANSON, M. D.

At the request of a medical friend, I submit for publication in the pages of your valuable journal, a brief notice of a cervical tumor, and a short account of the operation of its extirpation, which was performed upon the person of John McGregor, in the month of December last, in the town of LeRoy, in this state.

At the time of the operation, the diseased mass had had nearly four years growth, was nodulated to the feel, and was of a cartilaginous consistence. Its situation was upon the right side of the neck, and occupied more than two thirds of the whole cervical region.

During its development, it had deeply penetrated and insinuated itself amongst all the important organs in the neck, carrying in its course the base of the tongue nearly to the roof of the mouth, and crowding the whole floor of the pharynx far backward. The process of deglutition, and articulation, had become quite impracticable. Two large lobes of the tumor firmly embraced the sub-maxillary bone on this side.

Before beginning the incision, it was suggested by Dr. Walter Cary, of Buffalo, who was, by my particular request present, and from whom I received very valuable assistance during the various stages of dissection, that the jaw-bone itself might be involved. Accordingly, after having first secured the common carotid at a short space above the clavicle, at which point it became necessary to tie this vessel, from the magnitude of the tumor, an elliptical incision was freely made, extending from the lobe of the ear to the mesiae line before the chin. After having continued the dissection down to the sub-maxillary bone, a large part of this structure was found to be extensively necrosed. The diseased portion of the jaw-bone was carefully separated by the metacarpal and Hayes' saw. This being accomplished, the operation was continued until the whole mass was completely removed.

The glosso-pharyngeal nerve and the digastricus muscles, were completely enveloped by the tumor. But they were not injured during the operation.

The whole operation required one hour and forty minutes, and the diseased mass weighed sixteen ounces.

Besides Dr. Cary, there were present, Drs. Wm. Sheldon, Barret, Chamberlin, Burwell, and the two Drs. Meecham, also Mr. Green, at that time a student of mine, to all of whom I am much indebted for their kind assistance during this trying operation. The patient is a man about 45 years of age, and inhaled, with satisfactory results, the sulphuric ether. The wound healed kindly, and he has recovered from the effects of the operation.

BATAVIA, N. Y., January, 1848.

ART. V.—*Introductory Lectures, No.* 3.—We mentioned at the close of the article on this subject in the last No., that we have been favored with copies a few introductories since the commencement of Art. No. 1. Not to be inattentive or invidious, with respect to these favors, we must again resume the subject.

The first which we will now notice is a "*lecture introductory to a course on obstetrics and the diseases of women and children.* By GUNNING S. BEDFORD, M. D., Prof. etc. in the University of New York." This is the only introductory from the city of New York which has reached us. The lecturer presents some of the considerations which render his province of instruction one of peculiar interest and importance to the student, and introduces several cases in illustration of his remarks. In the following extract, reference is made to errors in diagnosis, which are perhaps as frequent, as they are unfortunate. To distinguish between neuralgic affections of internal organs and the phlegmasiæ, is very necessary, not only for the success of medical treatment, but in order that injury may not be inflicted by inappropriate remedies :—

> " The peculiar nervous susceptibility of the female not only occasions her great suffering, but frequently leads the practitioner into serious, if not fatal error. A lady, for example, has suffered for months from agonizing pain ; she consults her physician—she receives no benefit ; her medical attendant has committed the blunder of supposing the pain to originate in inflammation of some vital structure ; if the pain be in the chest, the *pleura* he imagines to be the seat of disease ; if in the abdomen, the peritoneum, liver, &c. Such cases not only bring discredit upon the profession, and expose it to the severe criticisms of the skeptical in medicine, but they oftentimes entail on the suffering patient years of unnecessary anguish. I cannot do better than quote on this subject the following remarks of a modern writer, who is not only a man of profound erudition, but one who is bold enough to think for himself. " Next to the suspicion of peritonitis," he observes " the belief that some individual organ in the abdomen is inflamed, has been among the most frequent errors in cases of hysteric pain ; again and again have I seen complaints of this kind treated as chronic hepatitis ; and the disease confirmed, and the constitution undermined by the use of mercury. On other occasions, when pain on the left side had been accompanied by irregular hurried action of the heart, which is very frequent, the pericardium has been supposed to be inflamed, or organic disease of the heart suspected." All practitioners of experience will confirm the truth of these remarks, and bear testimony to the fatal errors constantly occurring in practice from culpable neglect of what really constitutes the very foundation of all successful treatment, accuracy in *diagnosis.*"

The following case, cited by the lecturer in illustration of the sympathetic morbid influences emanating from the uterus, has given rise to some severity of criticism. The introduction of the names of medical gentlemen who had previously been consulted in the case, and the implication of their judgment, in connection with the implied superiority of tact and skill in the reporter, has been commented on in some of our contemporaries as improper and unprofessional. Another feature of this portion of the discourse has, also, been censured, viz: the exposition of the method of procuring abortion by mechanical means. The latter objection involves the fact that the discourse was published in a popular newspaper in the city of New-York, as has been intimated, with the author's consent. To the latter insinuation Prof. B. has entered a positive disclaimer, and, this being admitted, we are at a loss to see any impropriety in the passage objected to. The discourse was addressed to medical students, and was published, as is to be presumed, for the benefit of medical students and practitioners. If such things are objectionable in a publication of this character, they are equally so in medical or surgical treatises. Besides, it is in vain to expect to keep mankind in ignorance of the means of doing evil; the prevention of evil deeds is not thus to be attained. With reference to the criticism first mentioned, it seems to us to be merited, but we are bound in charity to believe that the author was betrayed into the offence by inadvertency. The case detailed in the extract referred to is interesting, and illustrates in a striking manner the point, for the exemplification of which it is submitted by the lecturer. It is as follows:—

"The practitioner who desires to treat successfully the maladies incident to the female, must constantly bear in mind the numerous sympathies, by which the womb is allied to almost every portion of the system. The life of the patient, indeed, often depend on this knowledge. How often, for example, does it occur that the first indication of disease in the uterus is exhibited, not by any local disturbance of that organ, but by the manifestation of some of the numerous sympathetic phenomena. I have been repeatedly consulted by ladies who have suffered severely for months from local pain in the stomach, kidneys, liver, or some other important organ. They have had various remedies applied, having been treated for disease of the liver, kidneys, &c., but without benefit. On a minute investigation of their case, I have found disease of the neck of the womb, sometimes slight, sometimes of an aggravated character, to be the sole cause of their suffering. In restoring the womb to a healthy condition their pains at once subsided.

"The following case will illustrate forcibly the absolute necessity of constantly bearing in mind the influence exerted by the womb in certain forms of disease: During the month of February last, I was requested to visit a lady in consultation with Dr. Whiting of this city. Several medical gentlemen, among whom was Dr. Willard Parker, had, previous to my visit, seen and prescribed for this patient. When I saw her in company with Dr. Whiting, she was apparently near dissolution. Her prostration was extreme; her countenance almost hippocratic; in a word, her friends had abandoned all hope of recovery. The particulars of the case were these: she was the mother of one child, seventeen months old. About a month previous to my seeing her, she had occasionally been troubled with nausea and vomiting, and for the week previous to my visit she had vomited incessantly. She could retain nothing on her stomach; the vomiting resisted every remedy that had been administered. It was under these circumstances that I was called to her. The medical gentlemen who had preceded me in attendance, ordered cups, leeches, and blisters over the region of the stomach, with various internal remedies, but all without the slightest appreciable effect. The vomiting was still unchecked, and the death hourly expected. On examining critically her case, I arrived at the conclusion that the vomiting was merely a symptom of trouble elsewhere, and that no remedy which could be addressed to the stomach would be of the least avail in rescuing her from the imminent peril in which she was placed. In putting my hand on the abdomen, I found the uterus was enlarged, and occupying the hypogastric region. The alarming situation of the patient would not justify delay; if her life was to be saved, every thing admonished us that it was to be done only by instantaneous measures. My opinion of the case was, that the vomiting was sympathetic, produced by irritation of the womb. I therefore suggested the propriety of endeavoring to induce contraction of this organ, in order that its contents might be expelled. This view was concurred in by Dr. Whiting. Accordingly, without a moment's delay, desperate and almost hopeless as the case was, I introduced a female catheter, into the womb, and ruptured the membranes; in a short time the uterus contracted, and a mass of hydatids was thrown off. Immediately, as if by enchantment, the vomiting ceased. The patient, after a tedious convalescence from her extreme debility, recovered, and is now in the enjoyment of robust health.

"Let this case, gentlemen, impress on your minds the importance of tracing effects to causes; and remember this cardinal truth—that the practitioner who prescribes for mere symptoms can never hope successfully to treat disease."

The lecture, as a whole, is calculated to impress the mind of the reader with a favorable opinion of the abilities of the author as a writer and teacher. It closes with a feeling tribute to the memory of the late Prof. Revere.

Address at the opening of the session of 1847–8, *of the Indiana Medical College.* By E. DENNING, M. D., Professor of Materia Medica. Published by the class.

The subject of this discourse is medical education. The author insists on "the necessity of creating and sustaining a higher standard of sound medical education." He advocates the importance of educational institutions established in different sections of the country. It is needless for us to say, that, in our humble opinion, this is sound doctrine. Different locations for medical schools, doubtless, differ greatly as respects local advantages, nor do we deny that the number of schools may be unduly multiplied. But that the medical sciences are to be taught, forsooth, in two or three places only, seems to us a preposterous absurdity. To exclude emuation among schools would be to cause medical education to recede, instead of advancing. In proportion, too, as medical instruction is concentrated, would the influence of individual authority be likely to affect injuriously medical opinions. We quote as follows :—

> "In the attainment of a high standard of medical education, and sound medical literature, above all others, important responsibilities rest on the American students of medicine.
>
> The circumstances of our country, and the genius of our institutions, give to the American mind extraordinary facilities for improvement. Our system of common schools, and other means of intellectual and moral elevation, afford ample means for laying early and solid foundations for the acquisition of elementary knowledge, preparatory to professional study. To the medical student, the extent and variety of climate and soil, temperature and botanical productions, together with diseases of the different portions of the country, an almost boundless field is opened, and if he enters it with proper training, with the determination to make all these means subservient to the attainment of truth, and facts relative to his profession—if he but make his mind the great store-house, well filled and arranged, and classified in order, he will be enabled to go forth in the consciousness of possessing such qualifications as will enable him to administer relief to human suffering,
>
> To perfect these means, and render them available as remedial agents, well regulated medical colleges are indispensable, and without consuming time in the argument, I assume it as an important fact, that their location should have some relation to the peculiar diseases of the district surrounding them. With this view, it seems to me important that the north west should sustain its institutions. What great good or superior advantage does a student gain by attending medical courses east? Let us for a moment examine. Is man differently constituted there? No, say you, he is every where the same. Well, then, the knife can here reveal the same brain, heart, lungs, stomach, liver, viscera, nerves, bloodvessels and the like. If the human structure is the same here, then here is the place to study it. Are not the laws of chemistry the same here as there? While natural "philosophy teaches the action of bodies one upon another as wholes, chemistry goes into particulars," and shows how these bodies act upon one another by particles, and in that manner covers the whole ground. Is the book of nature any larger there than here? Is the action of therapeutical agents in

the pathological condition different there from this region? Do they know any more of the action of antimony, mercury, iodine, and quinia, than we do? If not, then sustain our own institutions. Cannot the great operations of surgery be as well performed and demonstrated here as there? Are not the operations of amputation, lithotomy, tying an artery, the same here as at the east? Is not every thing relating to obstetric medicine as well understood here as there? Are not the means of instruction as ample?

In the history and treatment of disease, there is no essential deficiency. The great lights of the past shine as brilliantly here as in trans montane regions. The general causes of the alteration of structure and derangement of function are as clearly understood. In addition to all this, the advantage of attending to the specific history and treatment of western disease is of great importance. These are clearly defined—their pathological condition is better understood—the remedial agents with their qualities and doses are adapted to the abnormal state—their special adaptation to the diseased functions has been more clearly delineated. All this has been obtained by observation and experience."

We have still another introductory from the Indiana Medical College. It is thus entitled:—"*A Lecture on Atresia Vaginæ.* By N. Hard, M. D., Professor of Obstetrics, &c. Published by the Class." The larger portion of this discourse is taken up with the report of an interesting case of occlusion of the vagina and os uteri, which came under the author's observation. After retention and accumulation of the menses for five months within the cavity of the uterus, an artificial conduit was made by a surgical operation, in which it became necessary to penetrate, with the bistoury and trochar, the uterus, as well as the obliterated vagina. The occlusion was produced by sloughing of the parts after a tedious, instrumental labor. The case is valuable, and, but for its length, we should transfer it to our columns. It should be added that the operation was successful, the patient having since menstruated through the artificial orifice into the uterus.

"*An Introductory Address on the life and character of the late Prof. Noah Worcester, M. D.* By JACOB C. DELAMATER, M. D., Prof. of Anat. and Phys. Published by the Medical Class."

This is the title of an introductory delivered by Prof. Delamater, jr., before the medical class at Cleveland, Ohio. In the decease of the late Prof. Worcester the profession of the country sustained the loss of one of its brightest ornaments. He was stricken down in the midst of a career of honor and usefulness. Possessing rare scientific attainments, intellectual abilities of the first order, and those moral qualities which are so important elements in the character of the truly excellent practitioner and teacher, he was destined, had Providence spared his life, to have attained a position among the highest in the ranks of our profession. But, what is of far greater importance than professional eminence, in his life were exemplified those virtues and graces which characterize the good citizen, the gentleman, the true friend, and the christian. In the varied relations of life his was an example worthy of imitation. The biographies of such men are not only replete with interest, but exert upon society a healthful, invigorating moral influence. The history of their lives encourages and instructs after their bodies have ceased to live. To honor their names is not only a just tribute to their memories, but a duty to ourselves and our race, inasmuch as we, and others, may be thereby incited to follow in their footsteps.

We commend the lecture of Dr. Delamater most cordially to our readers. The author has been at pains to collect data for a highly satisfactory biography of his late colleague.

We select for quotation the portion which gives an account of his last moments: —

"He died young—before the sands of his 36th year had all run out. He died a martyr to the severe toils of professional life, and the wearing influence of deep affection daily sundered by death. His wife, his mother, two well-beloved sisters, and his respected father went to rest before him.

When the report was circulated that the life of Prof. Worcester was at hazard, deep anxiety and gloom sat upon many countenances, and from that time onward, the messages of enquiry and personal offers of kindness in any form in which it could be available, were numerous and constant.

But while others were manifesting alarm and sorrow, he was calm and resigned to the will of Providence.

He conversed freely with his friends on the subject of Death, expressed his deep regret that he had not made a public profession of religion, remarking that it was a great source of sorrow that he had permitted a few unimportant matters to prevent him from uniting with the church. He exclaimed, "Oh, how trifling they appear to me now, upon a bed of death, and I pray God to forgive me this great sin."

He expressed a full belief in the doctrines of the Bible, hoping only for salvation through Christ.

During his closing hours, he remarked to Professor Mussey, who was much with him, that he had three friends in the Medical Profession, whom he had loved and valued above all others; and added, "it will not be long before I may hope to meet them in Heaven." These had all, at some period of his life, been his instructors.

As he drew near to death, his sense of gratitude to God, was strong, and his faith triumphant. "How good" said he, "has God been to our family, and especially to myself. I have been happy nearly all my life, and yet *the happiest hour is the hour of my death.* I feel no pain, no care, nothing but the love and presence of God," and he died with the words on his lips, "Lord Jesus, receive my spirit." His short and brilliant career was ended."

An Introductory Address, delivered at the opening of the session of 1847–8, *to the Students of the Memphis Medical College, Nov.* 1, 1847. By George R. Grant, M. D., Prof. of the theory and practice of Medicine, in the Memphis Medical College.

This introductory comes to us in the *South-Western Medical Advocate,* a medical journal recently established at Memphis, edited by James Conquest Cross, M. D., one of the Faculty of the Memphis School.

The Memphis School is of recent date. Prof. Grant's discourse was an introductory at the opening of its second session, and the charter of this institution is the first ever granted by the State of Tennesee for medical instruction. We learn, also, from the address that in Tennesee, as has been generally the case in other States, the only aid granted by the State to the Institution, consisted in the act of incorporation. The State of New-York has, we suspect, been more liberal in pecuniary appropriations for the benefit of medical Colleges than most of her sister States, notwithstanding her erratic course of legislation with regard to the medical profession in other respects.

Dr. Grant devotes considerable space to the discussion of the proposition, "*that the profession ought to be studied near by the region where it is designed to be practiced.*" This proposition has been for some years a bone of contention between some of our Southern and Northern brethren. Its *practical* bearings are sufficiently obvious. For ourselves we must incur the risk of being included among those whom the writer styles "pseudo-critics," and charges with "arrogance and presumption," inasmuch as the proposition appears to us, to say the least, to merit far less importance than is attached to it by some of our Southern and Western friends. So far from its being essential to prosecute studies at, or near the localities where the student expects to perform the practical duties of the profession, in our opinion the practitioner who emigrates to a new section of country, has, in many instances, some positive advantages over his indigenous brethren. If he be well educated, he is certainly not less qualified to observe and study endemic diseases, and endemic traits of disease, than the student before graduation; and if he have a practical acquaintance with the peculiarities of disease in other localities, he is able to avail himself of the comparison between the phenomena which he has seen, and those now before him. It is obvious his progress must be more rapid, conceding that the diseases of different localities require separate study—which, to a certain extent, we are free to admit. But in another point of view he has an advantage—he is less likely to imbibe local prejudices, and those errors of experience which are based upon *false facts*, and perpetuated by individual authority. He is, in short, a more impartial, and, consequently, a more accurate observer, admitting him to possess talents and acquirements no more than equal with those among whom he has come to reside. We are sorry to see this taken as the ground upon which a school advocates it claims to support. It is partial, untenable, and needless. Let those engaged in building up the Memphis College make a good school, and rest its claims for success wholly upon its merits. We believe that Prof. G. is right in assuming that there is no impracticability in undertaking that the various departments of medical science shall be as well taught at Memphis as elsewhere. Let this be done, and let the profession see that it is done, and we know not why any meretricious claims for sectional support should be found requisite. We are gratified to learn that the Institution has commenced its existence under very encouraging auspices, and promises to realize the wishes of its founders. We quote the peroration of the discourse, in which the lecturer appeals to the *southern patriotism* (if the solecism is admissible) of his auditory;—

"Remember that you are *Southerners*. Nature has ever been lavish of her gifts in such localities. Here she is seen in the fullness of her majesty, as displayed in the physical world around us:—In the magnificence of our forests; in the productiveness our soil; and in the length and breadth of our "inland seas."

Nor is she less prolific in the development of MIND. Our our statesmen, our soldiers, our scholars, have ever been, when occasion required, or duty called, among the first in the forum—with the bravest on the battle-field—and second to none where science, or literature was the object of pursuit.

From you, then, whose physical conformation has been matured beneath a Southern sun; and whose mental growth has been strengthened by the education furnished at Southern Institutions of learning, science expects *much*; and with those whom I now have the pleasure of addressing, I feel every assurance that her requirements will prove an easy, and a pleasing task.

The new era which is dawning upon Medicine, will be succeeded by a meridian splendor of scientific achievements, a large supply of which, from the very nature of things, should be derived from the contributions furnished by *Southern intellect.*"

The last of our present stock of introductory addresses is contained in the *New Orleans Medical and Surgical Journal*, and was delivered by John Harrison, M. D., Prof. of Physiology and Pathology in the University of Louisiaana. It was published in the New Orleans Journal by request of the class. This is decidedly one of the best introductories of the season. It is strictly speaking, introductory to the subjects which the author's course of lectures embraces. It is to the point; "sensible," without "dullness," and without "glittering wordiness," albeit it was delivered on the "banks of theMississippi." In reading the address, in order to select a portion for quotation, we find its unity of character to be such, that from a detached fragment the reader would form an inadequate opinion of the entire production. We prefer, therefore, to leave its symmetry undisturbed.

Elements of General Pathology: a Practical Treatise on the Causes, Forms, Symptoms, and Results of Disease. By ALFRED STILLE, M. D., lecturer on Pathology and practice of Medicine, etc. Philadelphia: Lindsay and Blakiston, 1848. 8vo. pp. 483.

This work constitutes the second number of the Medical Practitioner's and Student's Library, consisting of a series of original treatises on the several departments of Medical science, of which mention was made in the last number of this Journal.

The author commences the work with an introductory essay on "medical truth—its nature, sources, and means of attainment," presenting some appropriate and valuable remarks on a subject to which more reflection might be profitably given, than *is* always bestowed by medical students and practitioners.

Part first, treats of *ætiology,* to which sixty-five pages are allotted; *part second,* of the "*general phenomena, theory and classification of diseases, general diagnosis and prognosis,*" covering ninety seven pages. As a specimen of the style and other characters of the work, we quote the concluding portion of the chapter on the theory of disease. The reader will perceive that Dr. S. adopts an eclectic pathology, avoiding the extremes of humoralism and solidism. In the justness of his views all sound pathologists must concur:—

"In the midst of these various theories of the origin of disease, the rational enquirer must be seriously embarrassed, if called upon to adopt some one of them exclusively; but if he has taken as his guide the rule of incorporating nothing into his scientific creed, but what results from a strict induction of facts, his perplexity need not be prolonged. He will then find that each theory rests upon a certain number of truths, but none upon a sufficient number to give it stability. He must speedily recognize the fact that a large number of the phenomena of life are explicable by chemical laws, and by them only, but that, at the same time, these laws are maintained in operation by the superintendence of vitality, a power which thus not only sustains them, but also on certain occasions subverts them. He must also observe that some functions are performed according to purely mechanical laws, but that their moving power is the principal of life, a force possessed of attributes differing from those of gravity, elasticity, and the other mechanical powers. He must admit that in some diseases, the starting point is the solids, as where they are injured by violence; but he must, at the same time, acknowledge that not a few maladies called general, are directly owing to the introduction of some foreign matter into the blood-vessels, and do therefore originate in the fluids. He cannot deny that even in the first mentioned case, the blood speedily undergoes an alteration which is proportioned to the local hurt, and must, with better reasons, be accepted as the cause of the general symptoms, than the local lesion itself; and that in the second case the original alteration of the fluids is usually followed by a more or less general change of structure in the solids. Finally, he cannot refuse to believe, that some affections commence by an impression upon the mind, the senses, or the general sensibility; but that amongst all of these, scarcely one remains confined to the system where it originated, but sooner or later implicates the rest. In a word, he beholds in man, a machine indeed, but one composed of various materials, which unlike those of other machines, are perpetually acting and reacting on one another; not only an aggregate of reacting elements, but one endowed with life, a power to which the ordinary laws of those elements are wholly subordinated, and whose own mode of being and laws are wrapped in profound mystery; not only a living animal, but a rational one, possessed of a soul, which, with peculiar faculties and susceptibilities, is capable of modifying the usual succession of phenomena resulting from the co-operation or conflict of the chemical, mechanical, and vital laws which govern the merely animal portion of the creature."

Part third treats of *semeiology* and embraces more than one-third of the work—192 pages. The following remarks on cyanosis we find marked for quotation:—

"A less intense color, a bluish or as it is called, *cyanotic* hue, is frequently met with in new-born infants and others in a state of asphyxia, when any obstacle to hæmatosis exists in the lungs, causing a stagnation of blood in these organs; in severe attacks of cholera; and, above all, in the disease whose principal symptoms is blueness of the skin, and which is hence called cyanosis. In all of these examples, the cutaneous discoloration is due entirely to congestion of the venous capillaries, in consequence of some obstacle to the return of the blood to the heart. This explanation of the phenomena of cyanosis is not that which has generally been accepted. It has for a long time been taught that in all cases of congenital cyanosis, the foramen ovale of the heart remains open, and permits the dark venous blood of the right side of the heart to mingle with the bright arterial blood of the left side. This admixture it has been alleged, forms a dark colord fluid which communicates to the skin a cyanotic hue. Louis was the first person of recent times to call this doctrine in question; and as early as 1826, he showed that a communication between the two sides of the heart might exist without the concurrence of the cyanosis, and that on the other hand this color might arise without any malformation or disease of the heart whatever. He further stated the conclusion that many cases of imperfection were owing to congestion, produced by an obstacle to the venous circulaton. These views were more or less fully adopted by several distinguished medical men in France; but the doctrine previously taught continued to prevail. In 1843 Dr. Moreton Stille, in his inaugural thesis, proved by the analysis of a large series of cases, that the cause of cyanosis was *uniformly* either contraction, obstruction, or imperforation of the pulmonary artery, or else some physical impediment to the natural course of the blood possessing a similar mode of action, such as concentric hypertrophy of the right ventricle, singleness of the heart with contraction of the auriculo-ventricular opening, &c. This conclusion has since received ample confirmation, and especially from the investigation of Dr. Norman Cheevers of London.

It is remarkable that the explanation given by Morgagni of a case of cyanosis witnessed by him, and which tallies precisely with the results of the laborious analysis above alluded to, and should have, for so long a time, failed to convince pathologists of their error in attributing to admixture of arterial and venous blood the phenomena of cyanosis. Morgagni, after describing the case, and the dissection which he made upon the patient's death, disclosing a contracted and ossified pulmonary artery, declares this lesion to have been the cause of the symptoms; for, he remarks, "the contraction of the pulmonary artery allowed a very diminished quantity of blood to pass through it and the corresponding vein to the left side of the heart, so that less blood than natural was circulated through the body; and on the other hand, it caused the blood to accumulate and stagnate in the right ventricle, then in the right auricle, and finally in all the veins, *whence resulted the discoloration of the skin*, the dilation of the right cavities, and the opening of the foramen ovale whose valve was pressed by more blood upon the right than upon the left side." The confirmation of this ingenious statement by the result of an analysis of all the cases of cyanosis that could be collected, is a beautiful illustration of the uniformity of nature's laws, and a proof of the rare sagacity of the founder of the pathological school."

With reference to the *impulse of the heart*, Dr. Stille dissents from the generally received opinion that it is due to the shock of the apex against the parietes of the thorax during the systole of the ventricles. He attributes it to the diastole of the ventricles, which he appears to think is attributable not to an active expansibility inherent in the ventricles, but to the auricular contractions, forcing the blood into the ventricular cavities. He considers the force of the impulse and diastole to be proportioned to the power with which the auricle expels its contents. In proof of this view, he adduces the fact that an increased impulse does not always coexist with ventricular hypertrophy, but, on the other hand, in some cases of that affection, the impulse is diminished. He avers that analyses of cases, respectively, of hypertrophy in which the impulse is increased, and of cases in which it is diminished, will show that in the former the *auricles* are hypertrophied, while in the latter they are unaffected. He does not, however, give such analyses, nor state that they have even been made. The reasons for rejecting the opinion commonly entertained on the subject, seem to us far from conclusive. A well known fact to which he makes no reference, suffices to disprove his hypothesis:—It is a matter of common observation, that the heart, especially of cold-blooded animals, continues to pulsate for a certain period after being removed from the body. What causes the ventricular diastole under these circumstances? This fact certainly establishes the power of the ventricles to dilate irrespective of distension of the blood received from the auricles, for the auricles, in this case, are empty. The concurrence of hypertrophy and diminished impulse does not involve the necessity of such an hypothesis. Diminished quantity, and altered quality of the blood, and other circumstances, in some instances, may prevent an increased power of contraction of the ventricle, proportioned to its increase in bulk:

In presenting a summary of the physical signs of valvular lesions, the author omits to point out with particularity the means of determining the location of the lesions—whether in the arterial or auriculo-ventricular orifices. He speaks incidentally of the evidence to be derived from the points of location at which the maximum of intensity of the bellows murmur is heard, but he makes no mention of the differences in pitch or key which the murmur presents in the two localities. It is true that to settle the location of the lesions is generally not of great practical moment, yet, as a matter of scientific interest, exemplifying the precision of diagnosis, it is deserving attention.

Part fourth, concludes the work, and is devoted to *general morbid anatomy*—70 pages. In treating of Entozoa, the author advocates the doctrince of spontaneous, or equivocal generation. In this he is not sustained by prevailing opinion, but we fully concur with him that the evidence against the reception of ova from without the body preponderates greatly over the arguments from analogy in defence of the doctrine *omne vivum ex ovo.* We are aware that it is contended for the existence of prototypes of the intestinal entozoa out of the body. In the reported lectures of Prof. Agassiz, delivered at N. York, that distinguished naturalist declared this fact to have been demonstratively established. But, admitting this to be the case, may we not ask why are they not more abundant and oftener observed out of the body, than within, or proceeding from it? Should they not be *more* abundant without than within the body, if, in the latter instance they are produced from ova, furnished by the former? Is it not more reasonable, under existing circumstances, to attribute their production out of the body, *in the rare instances in which they are said to have been observed,* to ova derived from intestinal worms, than vice versa?

The consideration involved in these questions is submitted in addition to the arguments succinctly stated by Dr. S., which, in the present state of our knowledge, appear to us to be unanswerable.

In concluding this brief notice of Dr. Stille's work, we take pleasure in saying that, in our judgment, it is a creditable performance.

It bears internal evidence that the author is an accurate observer, a careful, as well as diligent student, and a philosophical thinker. It contains much valuable information; it inculcates a truly scientific spirit, and is written in a perspicuous, chaste, and even elegant style. Nevertheless, the work is unsatisfactory from its condensation. Its range of subjects is altogether too extensive for its prescribed limits. The author has made the most of the space allotted to him, but the size of the work is inadequate even for an elementary treatise on the several departments of general patholoy. Should the success of this production be commensurate with its merits, we trust that the author will be encouraged to undertake a more extended and elaborate work, which will afford him an opportunity of doing better justice to himself, as well as to the subjects of which he treats.

ART. VII.—*Reports of cases in Dr. Hamilton's Surgical Dispensary, in the Medical Department of the University of Buffalo, with remarks.*

Case 1.—Saturday, Feb. 26th. *Gunshot wound*; Shongo, an Indian, and grandson of the celebrated Mrs. Jemison, is deaf and dumb, and has only communicated by signs the manner in which the accident occurred. He was priming a pistol loaded only with powder, when the pistol was suddenly discharged, and its contents lodged in the palm of the left hand. "I saw him shortly after the accident, and found that the palmar fascia, the muscles and tendons were extensively torn, the lacerations extending between the carpal bones nearly through the hand, and widely under the skin in several directions. I can have no doubt but that the superficial and deep seated palmar arch were both lacerated, yet the hæmorrhage was very slight."

"The wound has been washed with soap and water, dressed with simple cerate alone, and as you see, it has been gradually and steadily granulating, and cicatrizing. This is the ordinary course of wounds when left to themselves. Simply keep a sore of this kind clean, and in nine cases out of ten, it will be restored more rapidly than under the use of all the ointments and washes and pain extractors and 'all healing salves' in the world."

"In this case it has been especially necessary to keep the fingers, extended with a splint to prevent contractions of the tendons and of the palmar fascia. For a description of the causes and phenomena of contractions of the palmar fascia, you may consult 'Dupuytren's Lectures." He was the first who properly distinguished these contractions from contractions of the tendons."

Case 2.—*Amputation of the fore and middle finger.* "This lad cut off his fingers about two weeks since in a straw cutting machine. I did not see him until eighteen hours after the accident. I then found it necessary to re-amputate for the purpose of obtaining proper flaps. The fore finger I amputated at the second articulation. The middle finger I amputated thsough the center of the second phalanx making the section of the bone with Liston's bone cutters. Both fingers are now healing kindly. It is dressed with simple cerate."

Before dressing, the fingers, as the lad had always previously made great complaint when the hand was dressed, Dr. Harvey administered to him chloroform in presence of the class. He made four or five inhalations and although his consciousness was not lost, he allownd the dressings to be removed and re-applied without complaint. His sensibility was evidently diminished.

Case 3.—*Sprain of the shoulder followed by numbness and paralysis of arm.* "This shoulder was injured some months since, and as often happens in such cases a soreness and lameness has existed ever since; and gradually the chronic inflammation has extended from the muscles and ligaments to the neuralemes, and at length he has at first a pain shooting down to his elbow, next to his hand and fingers, and then a numbness of some part of the limb; here, it is along the parts chiefly supplied by the ulnar nerve. This is a singular fact, that pain and numbness are generally associated in paralyzed limbs, yet it is what every surgeon must have often noticed."

"Such serious results from apparently trivial injuries about the shoulder-joint are not uncommon. Sometimes it is induced by a rheumatic condition of the shoulder, sometimes by a blow or a sprain or a dislocation. In all cases it is a deep seated, chronic tendinous inflammation at first, and gradually at last involving the nerves of the axillary plexus."

"The treatment which I shall recommend, will be a succession of blisters on the shoulder, and daily frictions with a stimulating liniment, upon the arm and hand."

Case 4.—Wednesday, March 2d, 1848. *Fractured Ulna.* Mrs. ———, aged about 25, fell upon a log and struck upon the ulna about three inches above its lower extremity. This occurred several days since, but she has not presented herself for treatment until to-day.

"You notice the slight depression at the seat of fracture, the motion, and the prone condition of the hand: it is with great difficulty she can supine it."

The arm was dressed with a graduated compress laid along the palmar and dorsal surface of the forearm, especial care being taken to fill up the depression immediately above the ball of the thumb and little finger. Two broad splints were applied, one upon the dorsal and one upon the palmar surface, and over these was turned a roller. Dr. H. omitted the roller usually applied from the hand to the wrist, remarking that as the object was solely to prevent œdema, it could be of no service above the wrist, and that it might often do serious harm by pressing the broken bones against each other: and this might happen too when the roller was not applied at first unduly tight, since the subsequent swelling might be such as to tighten the roller injuriously at the seat of fracture. Omitting this first roller also we avoid all dangers of that serious accident, a loss of the arm from sloughing, which has so frequently happened in the practice of the best surgeons. The circulation of of the arm along its radial and ulnar sides is thus left wholly uninterrupted.

Case 5.—*Fractured Ulna.* Mrs. E. Smith, aged about 26. "Mrs. S. fell yesterday from a loaded wagon and broke the ulna of the right arm at the same point as the other patient, indeed, this is the point at which this bone is most frequently fractured. The hand is also, as in the other case, forcibly proned."

The same dressings were applied, and the arm laid in a sling against the side of the body, in a position *midway between supination and pronation*, for when the forearm lies across the chest the two bones are not parallel unless this position is assumed. The effect of supination or pronation in displacing the fragments was demonstrated on the skeleton.

Case 6.—*Labium Leporinum.* —— ——, aged 11 years. This was operated upon when he was seven weeks old, but it was unsuccessful. The fissure is single and on the left side.

The operation was made in the usual mode except that Dr. H. used the common interrupted sutures instead of the hare-lip pins Dr. H. stated that he had operated a large number of times and always used the common suture, and that he never had but one failure; and in this case he had made the operation and then left the patient in charge of another physician, who not being accustomed to the mode of dressing, allowed the lip to stretch and tear open. "Hare-lip pins possess not a single advantage over the common suture, while they are liable to several objections, not the least of which is the difficulty of applying adhesive straps over them in such a manner as to support the lips in contact, without permitting any strain to fall upon the sutures."

At the end of forty-eight hours the sutures were removed, and the adhesive straps were finally removed on the 10th day. The cure was complete.

Case 7. — *Labium Leporinum.* Child aged seven weeks. This child had a very wide fissure, connected with the alveoli, hard and soft palate. It could not nurse and was with difficulty fed. The danger of operating at this age was stated both to the class and to the parents. The danger is that convulsions may result; one case was mentioned in which this had happened and the patient died before the operation was completed.

The operation was made in the same manner as in the first case. It was completed very quickly, yet the child became very pale, but after it was carried out it was heard to cry lustily, and it was presumed to be safe. W. W.

ECLECTIC DEPARTMENT,

AND SPIRIT OF THE MEDICAL PERIODICAL PRESS.

On the Endemic Gastro-follicular Enteritis, or "Summer Complaint" of children as it prevails in the United States. By Edward Hallowell, M. D., Fellow of the College of Physicians of Philadelphia, Member of the Academy of Natural Sciences, &c.

In the following article, which we copy from the American Journal of Medical Sciences, are contributed some interesting and valuable observations relating to the pathology of the affection generally known in this country as cholera infantum, or, popularly, the summer complaint. The observations appear to have been carefully made and recorded, and appended to the original article in the American Journal, is the series of cases upon which the deductions of the writer are based. The latter we omit.

By selecting articles for this department of our Journal, we do not, of course, intend to signify our assent to all, or, indeed any of the propositions therein contained. This is sufficiently understood. But having taken occasion to express a sense of the value of the facts contained in the following memoir, lest it should be inferred, thereby, that we concur in all the views of the writer, we would add that we differ from him in the most important of the conclusions which he bases upon his observations. That the isolated muciparous follicles of the stomach and intestines are the anatomical elements of the mucus membrane chiefly involved in this affection seems highly probable, and we believe that the writer is correct in the opinion that this follicular disease is not, primitively, inflammatory. But that gastro-enteritis is invariably developed in the progress of the affection, constituting its second stage, and requiring depletory treatment, we cannot but regard as an error fraught with evil consequences. The term cholera infantum is employed in a loose way to include all cases of disease, attended by vomiting and purging, which occurs among children during the summer season. Cases of true gastro-enteritis, which should be distinguished as such, are thus embraced, not infrequently, under this title. It is, also, doubtless true that gastro-enteritic inflammation occurs in a certain proportion of cases of cholera infantum as a complication. The importance of discriminating between cases in each of these particulars is obvious; but this is very far from conceding that inflammation is a constant element, and that the treatment should have reference chiefly to its existence. Practice based upon this pathological view, must, in our opinion, often be pernicious. The writer deduces the constancy of inflammation from the pathological appearances (which are limited often to the large intestines) found in all the fatal cases. The appearances, however, as submitted in his report, do not appear to justify the deduction. Vascular injection, softening, and even loss of substance are not unequivocal evidences of inflammation. But admiting that they authorize the conclusion that the large intestine is more or less inflamed in fatal cases, it does not follow that inflammation is an essential, or constant element of the second stage of the disease. Vascular injection or redness, it is generally conceded, by pathological anatomists, do not afford reliable information as to the inflammatory condition of parts; softening of the mucus tissue is a phenomenon incident to chronic disease, in both children and adults, of long continuance manifestly not involving inflammatory action in all cases; and the *mucus membrane* of the large intestine thus softened, is apt to undergo loss of substance at various points, which are mere erosions from the mechanical action of the contents of the bowel. But without endeavoring to explain the appearances presented in all cases in this way, the admission that more or less inflammation actually exists in most cases which prove fatal, does not involve the admission that inflammation uniformly exists in cases which recover, and, still less, that it furnishes the most important indications of treatment. It appears to us highly probable that when it exists, it is often due to the irritating properties of the matters delivered from the small into the large intestine. We do not purpose in this connection to pursue the subject, and we have not time nor space to express our views at length. We have hastily penned the foregogoing remarks, to suggest considerations and reflections, which, if we are correct in our appreciation of them, will lead the reader to question the correctness of the conclusion at which the writer arrives with respect to the inflammatory character of cholera infantum. An analysis of symptoms and comparison of the results of different methods of treatment, taken in connection with the pathological appearances, disprove, in our opinion, that conclusion. —Ed. Buff. Med. Jour.

Cholera Infantum, or the "summer complaint" of children has been considered peculiar to the United Sates. Billard, in his diseases of infants, alludes to its occasional appearance in Paris. In the United States it prevails to a great extent, and the mortality from it is extreme. It occurs in all our large cities, carrying off several thousand children annually ; it commences in the Southern States in May, and in the Middle and Western about the beginning or middle of June, and continues until near October, the greater number of cases being observed in July and August. It is found chiefly in the lanes annd alleys of our large cities among the poorer classes of society, but those in the higher ranks are by no means exempt from its attacks. It is stated by Dr. Condie, that during a period of fifteen years from 1825 to 1839 inclusive, 3352 infants perished of this disease in Philadelphia, being almost ten per cent. of the whole number of infants under five years who died during that period. In St. Louis, Mo., during the years 1841, 1842, and 1843, 238 children died of it. In 1823, 253 died of the same complaint in Baltimore. The average number of deaths annually in Philadelphia is about 200. The disease is confined almost exclusively to children between four and twenty months of age; cases, however, occur as early as the age of two months, and as late as period as three or five years.

Causes of the Disease.—Cholera infantum is considered to be dependent for its production upon a heated, confined, and impure atmosphere, acting "directly upon the skin, and indirectly upon the mucous surface, at a period when the latter is already strongly disposed to the disease from the effects of dentition, and from the increased developement and activity of the muciparious follicles which take place at that period," The circumstances of its origin, however, are involved in doubt, and can only be determined by future and more correct observation. The exciting causes are stated by Dr. Dewees to be improprieties in diet and clothing. He observes also, that it is very often aggravated by worms, but such a complication has not come under our notice.

General Description of the Disease.—Cholera infantum may be divided into three stages, based upon its anatomical characters. In their description we shall be guided chiefly by the results of our own observations.

Symptoms of the first Stage.—This usually commences with diarrhœa, succeeded by vomiting, or with vomiting and purging; these symptoms are soon followed by fever of a remittent type, with evening exacerbations; the pulse is small, quick and frequent, occasionally full, and sometimes tense; the brain is often affected sympathetically; this condition is manifested by a tendency to delirium; the eyes have a fierce and wild expression, and the face is flushed; the stools in this stage vary much in consistence; at times they are thin and watery, but often pasty or mush-like; their color also differs greatly in the course of the day, and from one day to another; in a number of cases they presented the appearance of chopped egg, upon which boiling water had been poured; occasionally they consisted almost entirely of mucus. The period at which the vomiting is oberved varies; it occurs usually on the second, but often as late as the fourth or fifth day; in some instances there is no vomiting throughout the course of the disease; in one case it did not make its appearance until a few days before death; the matter vomited cousisted of the contents of the stomach, which were returned almost immediately after their entrance into it; in infants at the breast the milk was returned in a curdled state, having an acid smell; in one instance it had the appearance of coffee grounds; the vomiting occurred for the most part three or four times a day, and sometimes oftener.

Temperature of surface.—The skin was occasionally moist, more frequently dry, warmer upon the head and abdomen; the latter is mostly warmer than the rest of the body, and often decidedly hot; the temperature of the extremeties is natural, or more generally cool; occasionally it is warm; sometimes the lower extremeties are cool while the upper retain their usual heat. The *respiration*, except in those cases complicated with other diseases, as hooping-cough or measles, was free, with the number of respirations in the course of a minute amounting to 20, 24, 28, 29, 30, 33, 36, 40, 44, 48, 53, 55, 56, 60, 64, 66. When over 30 the respiration was more or less interrupted. The *tongue* in this stage was observed to be moist, but was often red at its tip and edges, and coated at its base with a yellowish or brownish yellow fur.

The *countenance* in the early stage, except when the attack was violent, was good, the eyes being bright and animated; occasionally the child would fall into a sleep from which it was easily roused. There was usually a considerable degree of irritability and restlessness, the little sufferer being pacified with difficulty. The sleep was often disturbed. The abdomen was occasionally tense and tumid, and somewhat painful on pressure; the thirst was often intense; it now and then happened, however, that drink was refused.

Anatomical characters.—These consist in an undue developement of the follicles both of the stomach and intestines, or of one of those organs without inflammation of the mucous membrane. Children rarely die of cholera in the early stage; opportunities, therefore, seldom occur of observing the morbid appearances. M. Billard, who had ample opportunities for the study of the diseases of children at the Hospital des Enfans Trouves of Paris, states that he had seen isolated follicles and follicular plexuses of the intestinal tube in considerable numbers and developed without being inflamed in twelve infants; three were aged from eight days to three weeks, two aged two months, the remaining seven were from nine months to one year; the symptoms of the cases he has published correspond so closely with those of cholera infantum, that, to use the language of Dr. Horner, it is evident that they had occurred in this country, they would have been named, and in fact are cases of cholera infantum. M. Billard states, that most of these children had arrived at the period of dentition, so that there appeared to be a remarkable coincidence between the appearance of the teeth, and that of the organic developement of the follicular apparatus of the intestines, the follicles performing an active part in the process of digestion by furnishing the surface of these organs with a fluid which in all probability assists in the elaboration of food. Dogs, he observes, and other carniverous animals remarkable for their digestive powers, possess this apparatus in a high degree of developement.

In a lioness which died in this city some years ago, and of which I had the opportunity of making a post-mortem examination, the isolated follicles of the intestines were one-fifth of an inch in diamater.

The follicles are sometimes found to exist in great numbers from the first period of life, but in general they are not very numerously developed, except at the period above mentioned, or at a still more advanced age. (Billard.) Rœderer and Wagler, in their work *De Morbo Mucoso*, in which they describe the symptoms and anatomical characters of a gastro-follicular enteritis that prevailed in Gottingen in 1760 and 1761, give very beautiful and accurate drawings of the mucous follicles in a state of abnormal developement.

The muciparous glands of the mucous membrane are, it is known, of two kinds, the isolated and the agminated. The isolated follicles are found both in the stomach and intestines, but are much more abundant and less uniformly developed in the former than in the latter; the agminated follicles or glands of Peyer occupy the free border of the intestine; these are rarely affected in cholera infantum. The isolated follicles are found less abundantly in the jejunum, than in the other portions of the small intestine. They are usually about the size of a pin's head, and have not inaptly been compared by Dr. Horner to grains of sand sprinkled over the surface of the intestines. They are elevated above the surrounding surface of the membrane, and have each in their center a small grayish point. They consist simply of a duplicature of the mucous membrane, and are readily effaced by passing the handle of the scalpel over them with some force; on cutting them open they are found to contain a small quantity of fluid. These glands receive each, according to Leiberkuhun, Meckel, and Beclard, an artery, a vein, and a nerve. They occupy both the summit and the interstices of the valvulæ conniventes, and are found disseminated over every part of the intestine, both upon the free and attached surface. (See case of Charles Morand, in Billard, *Maladies des Enfans*, and of Marie Boulefray in the work of the same author, entitled "*De la Membrane Muqueuse gastro-intestinale dans l'etat sain, et dans l'etat inflammatore, researches d'anatomie pathologique sur ses divers aspects, sains et morbids.*" Paris, 1825.)

Treatment.—We have thought it proper to intercalate with our own, the opinions of older and more experienced members of the profession, more especially those of Dr. Chapman, Prof. of Practice in the University of Pennsylvania. His acute perception of *symptoms*, appears to have impressed him more fully than most others with the importance of depletory measures in the treatment of this disease. *Preventive means.*—In the beginning of June examine the condition of the gums of the child, and if swollen, lance them and send it into the country. A part of the country should be chosen which is elevated, where the air is pure and dry, and where there are no large streams nor stagnant water. Chestnut Hill, in the vicinity of Philadelphia, offers superior advantages in this respect. If it be impossible to remove the child to the country, especially if the apartments of its dwelling be not fully and freely ventillated, let it be carried into the open squares of the city, or taken frequently across the Delaware in the afternoon. The sleeping apartments of children should be large and well aired. They should sleep upon a matrass or blanket folded upon the floor of the room or crib, and the covering should be light; they should be immersed in a cold bath at least once a day, or be freely sponged in cold water; the mortality among the children of Philadelphla is said to have greatly diminished since the introduction of the Schuylkill water; the child should be confined to the mother's breast, care being taken not to overload the stomach, indeed it often happens that the breast is given to the child when it requires only drink; the stomach then becomes distended and vomiting often ensues. Attention during the first year should be paid to the diet of the mother; she should avoid articles of a flatulent or indigestible character. Dr. Parrish recommends as a preventive means, when predisposition to cholera is suspected, the occasional use of nutricious animal fluids; the sucking of small pieces of salt meat, as ham or dried beef, he observes, will sometimes be found productive of advantage. With the same view of giving tone to the stomach, he recommends that aromatics, as ginger tea, be used habitually during the summer, in those cases in which there is strong reason to apprehend the occurrence of cholera. This treatment may possibly be applicable undercer tain circumstances, as in the case recorded by him, but as a general rule we are not disposed to recommend it. Indeed, he himself observes, that it is applicable in all its details only in those in whom there is every reason to apprehend that the only alternative is between almost certain death and the most careful prophylatic treatment.

Treatment of the first stage.—We havs seen that the first stage consists chiefly in an abnormal development of the mucous follicles of the stomach and intestines. This, as observed by M. Billard, is not properly speaking, a true inflammation, being rather an intermediate stage between the normal state, and the state of inflammation. The follicles are simply in an excited condition, induced as there is reason to suppose, by the powerful influence of heat combined with malaria, acting upon the nervous system. The object of treatment, therefore, is to subdue this excited condition, and to restore the healthy state of the skin with which, and the mucous lining of the alimentary canal, there is a powerful sympathy. The functions of the liver, it is probable, are more or less impaired, but of this we have no direct evidence. If the child be not weaned, it should be confined to the mother's breast, care being taken to avoid overloading the stomach, thus adding to the irritation which already exists. If weaned, it should be confined to milk and water, rice, barley, gum, or toast water. The infusion of the benne leaf (Sesamum orientale), is also employed in this city, and is a useful remedy. The gums should be carefully examined and lanced if swollen. The most important point of treatment however, is early removal to the pure air of the country. This should be done as soon as the disease has declared itself. Dr. George B. Wood, Prof. of Materia Medica and Pharmacy in the University of Pennsylvania, states, that during the whole period of his practice, (nearly thirty years,) but one case occurred to him, so far as he can recollect, of a fatal termination of this disease, when the child had been sent into the country in the early stage of it. (*Pract. of Med.*, vol. i. p. 673.

Blisters behind the ears have been highly recommended at this period of the disease, and we believe the practice is attended with decided advantage. Dr. Parrish was the first to suggest them. They should be applied immediately. The advantage arising from the early application of blisters behind the ears is confirmed by the late Dr. Eberle, a distinguished practitioner of this city, favorably known by his writings on the management of children. He observes, "during the last seven years, I have treated but few cases in which I have not at once applied blisters behind the ears, and I may confidently affirm, that since I have adopted this practice, I have been much more successful in the management of the disease than formerly. Their good effects arise, no doubt, from the counter-irritation they produce." The warm bath should be administered every night and morning, and the child on coming out be gently rubbed with a piece of soft flannel; should there be much cutaneous sensibility, a portion of salt and mustard may be added to it. With a view of allaying the vomiting, various remedies have been employed. Injections of salt and water have been recommended by Dr. Dewees. Limewater and milk, and the neutral mixture may be used for this purpose. Dr. Chapman states that he has found the irritability of the stomach most effectually allayed by lemonade in doses of a teaspoonful, frequently repeated. It should be made pretty sour. Great advantage may also be derived from the frequent use of Seltzer or soda water. Dr. Parrish was in the habit of recommending it to be put up in ℥ ss phials, the contents of one of which to be given at a draught. The soda powders may also be employed. Chicken water was also directed with the same view. Stimulants, as strong coffee, sulphuric ether, turpentine, &c., are objectionable. Dr. Condie states, that when the irritability of the stomach has been excessive he has rarely failed in allaying it by the administration of the acetate of lead, in solution according to the following formula. ℞.—Aq. puræ ℥ j; acet. plumb. grs. v; acid acet. impure. m v; sacch. alb. pur. ʒ iij. Sig. A teaspoonful may be given every hour or two until the vomiting be suspended. We have been in the habit of directing the blue mass mixed up with gum arabic, with a view of overcoming the irritable condition of the stomach, and usually with success, or small doses of calomel, (1-12th of a grain every two or three hours, either alone or in combination with a very minute quantity of opium, 1-16th, 1-20th, 1-30th, 1-40th of a grain.) The blue mass may be given as follows: ℞.—Mass. ex hydrarg. grs. iv; g. acaciæ pulv.; sacch. alb., *aa* ℥ ss; aq. ℥ iss. M. Sig. A teaspoonful every hours.*

If the vomiting be obstinate, a Cayenne poultice or small blister may be applied to the epigastrium. Should the disease continue, we next have recourse to small doses of calomel and ipecacuanha in doses from 1-12 to 1-6 of a grain of the former, and from ¼ to ½ a grain of the latter, every two or three hours; advantage may sometimes be derived from substituting a small quantity of Dover's powders, (from ¼ to ½ a grain,) for the ipecacuanha. We should be extremely cautious, however, in the use of opiates in this or indeed in any stage of cholera infantum. Benefit may be also derived from the application of a bread and milk, or mustard poultice over the whole abdomen, or, as advised by Dr. Eberle, a poultice composed of two or three tablespoonfuls of powdered black pepper, with a few teaspoonfuls of Cayenne mixed up with a common poultice. Embrocations to the abdomen and lower extremities, with spirits of camphor, may also be used with advantage, Should there be symptoms of acidity, which may be ascertained by testing the stools with litmus paper, a few grains of magnesia may be given, and should the discharges continue so as greatly to debilitate the patient, two or three grains of prepared chalk may be added to the prescription of calomel and ipecacuanha. We cannot, however, protest too strongly against the injudicious use of astringents in this or any other stage of the disease. We once witnessed a case in which cerebral symptoms of an alarming character supervened in consequence of a sudden arrest of the alvine discharges by means of the chalk mixture, and the child's life became a forfeit.

Second stage.—The vomiting which, in the commencement, was more or less frequent, now occurs but seldom, while the diarrhœa continues; the stools vary much in appearance, but are more or less bloody and painful: there is also much restlessness, and the child is observed to draw up its limbs at the time of the discharge; the predominating color of the stools is dark green, looking like chopped spinnach; the color, however, is occasionally lighter, but mixed with portions of a darker hue, or with lumps of yellow more or less curdled. They are often of a bright yellow or chrome color, or of a dark brown or chocolate color, caused by the admixture of grumous blood. The appearance of the stools varies much in the course of the day, the change of color probably depending upon the greater or less quantity of bile and acid in the intestines; the abdomen is more or less tumid and painful on pressure; tenderness of the abdomen, with drawing up of the limbs, and bloody discharges are the most important signs in this stage of the affection; the temperature of the abdomen is usually elevated, while that of the extremities is cool; the pulse is small and feeble, or it is frequent and tense; occasionally it is intermittent; as the disease advances, the emaciation already observed progresses, the skin about the neck and thighs hanging in folds; the eyes become sunken in the orbit, and each is surrounded by a dark areola; the nose is sharp, and the lips are shrivelled; the feet become œdematous, and the cutaneous sensibility is so much impaired that flies collect upon the face without causing any uneasiness; petechiæ are occasionally observed at this period; the tongue is dry and incrusted and covered with aphthæ, and deglutition is now more or less painful; the child is often observed to thrust its fingers far back into the mouth, from dryness of the fauces; the appetite becomes greatly impaired, and there is almost constant thirst. Dr. Dewees mentions the eruption of a quantity of minute vesicles upon the chest, which he considers a fatal sign. Dr. Condie states that he has known many instances of recovery, even when the eruption has been most extensive and distinct. We have observed it but in a single instance; the eruption, however, was not confined to the chest, but occurred in other parts of the body. Dr. Chapman speaks of the appearance of pink-colored stools as a fatal symptom; this does not correspond with our own observations.

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* Kreosote will be found in a large proportion of cases effectual.—Ed. Buff. Jour.

Anatomical characters of the second stage.—These consist essentially in inflammation with softening of the mucous membrane and ulceration of the follicles, more especially of the large intestine. The mucous membrane of the stomach in many cases presents its usual appearance and consistence; in others it is more or less injected and softened, the softening extending occasionally to all the coats, resembling the condition described by Cruveilhier, as characteristic of the disease termed by him *maladie gastro-intestinale des enfans*, and by Jæger, Gairdner, and others softening of the stomach.

Rilliet and Barthez in their work on the diseases of children, notice the correspondence between the symptoms of softening of the stomach as described by Jæger, and those of cholera infantum; but an examination of the cases recorded in this paper will show that this condition of the organ is but rarely observed. The lining membrane of the stomach is not unfrequently covered with a layer of whitish opaque mucus easily scraped off with the handle of the scalpel; the mucous follicles both of the stomach and intestines are more or less apparent; the mucous membrane of the small intestine is occasionally softened, and for the most part pale in the greater portion of its extent, contrary to the statements of Dewees and others, who consider the small intestine as being the exclusive seat of the disease. In one case the portion of intestine inflamed (the lower portion of the ileum), presented a brick-dust color interrupted with alternations of a pale yellow, mottled with red. in some points; minute vessels were seen freely inosculating with each other; in other portions the inosculations were less distinct, there being a uniform reddish tinge. In another it was of a dull red, or brick-dust color, minutely injected with red vessels, and in several points, especially upon the surface of the valvulæ conniventes, presented a dotted appearance; it occupied a portion of the intestine four inches in extent from the pylorus. In another case, (Case X.,) the duodenum at its upper portion presented a slight shade of pink, with a few minute arborizations, and in several other instances there was a slight degree of inflammation affecting the duodenum at its upper extremity. There was also a slight inflammation of the glands of Peyer in one or two cases, but for the most part they presented nothing remarkable. The small intestines contained a considerable quantity of orange colored mucus. The large intestine was more or less inflamed and softened in almost every instance; the inflammation existed in the form of bands, and presented a dotted arborescent appearance; in one case these bands were longitudinal; they were five or six inches in length, and several lines in breadth; in another case the bands were about two inches in length, having a minutely arboriform appearance, and were of a deeper red than the surrounding membrane; the first was situated one and a half inches from the cœcum, the second six inches from the first, and extended nearly the whole circumference of the gut; it was three inches in length and very minutely injected, but not so much as to destroy the arboriform arrangement. In most of the cases the redness was diffused with occasional ramifications; in one instance the inflammation occupied the whole extent of the colon; it was of a vivid red throughout, and the membrane was much thickened. The inflammation was here also for the most part diffused, or in the form of bands occasionally presenting a ramiform appearance, the minute vessels freely inosculating with each other. From the margin of the follicles minute vessels were seen to radiate to the surrounding membrane, occupying the entire surface of the intestine, showing that the inflammation commenced in the follicles and extended subsequently to the mucous membrane. The follicles were often found to be more or less ulcerated, the ulcerations sometimes extending as far as the muscular coat; the ulcerations were more numerous and penetrated more deeply in the rectum than in other portions of the intestine; it was often completely riddled with them; we have not observed the surrounding membrane to be implicated to any extent; the mucous membrane was more or less softened in the greater number of cases; in one instance it was thickened; the membrane in this case was intensely inflamed. The coats of the intestine were covered with a layer of mucus, sometimes so thick as to diminish considerably its calibre. It ordinarily contained a quantity of grayish colored fæces of the consistence of gruel. The lungs presented nothing remarkable but a slight engorgement posteriorly except in three cases, one of which was complicated with measles, and the remaining two with hooping-cough; in these cases the usual appearance of lobular pneumonia were present. In one case the patient had been attacked with pleurisy in consequence of exposure to the night air; at the autopsy a considerable quantity of pus was found effused in the cavity of the right pleura, and the lung was more or less disorganized. The peritoneum presented its usual healthy color in all the cases observed; the liver was greatly enlarged in but a single instance, contrary to the statements of most authors who affirm this to be uniformly the case, the gall bladder was more or less distended with dark colored bile staining the finger a deep yellow; the mesenteric glands were not enlarged; the spleen and kidneys presented nothing remarkable. In nearly all the cases the veins of the pia mater were more or less distended; the archnoid was pale and moist, except in one case in which there was a slight opacity at the base of the brain; there was more or less effusion in the sub-arachnoid cellular tissue, for the most part limpid; occasionally it presented a whitish, opalescent or citron colored appearance; the pia mater was more or less injected, but the injection for the most part appears to have been confined to the larger ramifications; it was easily removed by traction from the surface of the brain; the substance of the brain presented its natural appearance except in two cases, in one of which the central, and in the other both the central and the cortical portions were injected; it was softened in four of the cases; there was little or no effusion in the ventricles; in one instance the lateral ventricles appeared to be quite dry as if wiped with a cloth.

Treatment.—We have seen that the second stage is characterized chiefly by tenderness of the abdomen on pressure, drawing up of the limbs, and bloody stools, symptoms which depend upon inflammation of the mucous membrane, more especially of the large intestine. The treatment, therefore, in this stage should be antiphlogistic. There can be no doubt, we think, tnat the mortality from cholera infantum has arisen in a great degree from not keeping its inflammatory character sufficiently in view. We have found inflammation of the mucous membrane of the large intestine in every autopsy that we have made, and evidence of its existence in an advanced stage of the disease clearly demonstrated in all the published cases that have come under our observation,

The chief object of the present essay, indeed, is to direct the attention of the profession to the above fact, and to the importance of antiphlogistic treatment, instead of the purgative plan usually pursued and with such fatal results. When the abdomen is distended and painful on pressure, with a tense frequent or full pulse, v. s. should be resorted to. This is occasionally required at the commencement of the first stage, when there is much cerebral determination ; should v. s. not be sufficient to remove the inflammatory condition, or when the state of the pulse does not indicate it, leeches or cups are to be applied to the abdomen; we have not been in the habit of directing cups in this affection, but from the great benefit which we have seen result from their use in the lobular pneumonia of children, we have no hesitation in recommending their employment. Mothers naturally object to what they conceive to be a harsh remedy, but by persuation they can generally be induced to submit to it, and the great advantage we have uniformly derived from their employment in the last mentioned disease, we think warrants their use in this. The amount of pain is much less than is supposed, and the quantity of blood is more suddenly and effectually extracted than by leeches, besides which there is no risk of subsequent hemorrage. One, two, three, or four cups may be applied to the abdomen, and repeated should pain on pressure or the bloody discharges continue. It should be remembered that the reaction in children is seldom great, and that the most intense inflammation of the mucous membrane may exist, while the temperature of the skin is but little elevated; or may be quite cool, and the pulse feeble. Stmulants in these cases are too often given, and may destroy the patient; the true course is to pursue a cautious antiphlogistic treatment, supporting the patient at the same time by the blandest articles of nourishment. It has been advised to apply leeches to the anus, and this may occasionally be done with advantage. Injections of cold water or iced water, as the severity of the case may require, are recommended by Dr. Miller of New York, and we believe with great propriety. The remedy, he observes, though generally advisable, appears to be best adapted to that period of disease when the alimentary canal has been previously well emptied of its acrid and offensive contents. Should there be reason to suppose the existence of such accumulations, the discharges being watery and mixed with indigestible food, with a tumid state of the abdomen, a grain of calomel may be given every hour or two until the bowels are disturbed. We have observed that the small intestines are but little affected in this disease, and we should think, therefore, that no objection could be made to the use of mild laxatives for this purpose, the treatment being the same as in dysentery. Castor oil, the oleaginous mixture in small doses, or the oil of butter, may also be employed. Injections of the liquor plumbi subacetat. dilut. (ʒ j to a gill of water) are also productive of benefit, or the accetate of lead, in the proportion of five grains to a gill of water, for a child of two years. The internal remedies should be small doses of calomel and ipecacuanha as prescribed in the first stage, or the same dose of calomel combined with ¼ to ½ a grain of Dover's powder every three hours. It may often be advantageously associated with acetate of lead to the amount of from one-sixth to one-fourth of a grain, but we believe this remedy better adapted to a more advanced period of the disease. When there is much irritability, and the skin not perternaturally dry, the ext. hyoscyam. may be substituted for the Dover's powders. Emetics we consider decidedly objectionable in every stage of cholera infantum, notwithstanding that they have been recommended by high authority.

It will be observed that inflammation with ramollissement of the mucous membrane of the stomach, exists in a large proportion of cases, and emetics under such cases must be decidedly injurious. With regard to purgatives the same objection applies. *Laxatives* may occasionally be proper when there is reason to suspect the accumulation of irritating matters in the intestine, and of them the best, as above mentioned, is calomel either alone or in combination with a small quantity of Dover's powders (¼ to ½ of a grain,) and followed by a dose of castor oil. We cannot too strongly urge upon the young practitioner the necessity of caution in the use opium in this disease, or indeed in any other in which there is a determination to the head. The warm bath is a useful remedy, unless the child be too debilitated; he should be immersed in it up to the neck, and cloths wrung out of cold water applied at the same time to the head, in order to lessen the determination to the brain. Should the application of cups or leeches to the abdomen not be sufficient to remove the inflammatory symptoms, and the pulse be feeble or the patient much exhausted, blisters may be resorted to, but great care should be exercised in their employment lest gangrene ensue. We have seen very troublesome consequences arise from the application of blisters to children, and in one instance we think the child lost its life from their imprudent use. They should never be suffered to remain more than three hours, and after their removal, a large emollient poultice should be applied over the whole abdomen. Should there be symptoms of cerebral congestion manifested by stupor, rolling about of the head, or a disposition to coma, cloths wrung out of cold water, or vinegar and water, or a mixture of equal parts of lead water and spirits of wine should be applied to the head. Should these symptoms continue, leeches in small numbers may be applied to the temples or behind the mastoid processes. Counter irritation should also be made by stimulating pediluvia, or the application of sinapisms to the extemities.

Cholera infantum not unfrequently becomes chronic, the symptoms being very much the same as those of ordinary diarrhœa, or the patient may sink into a typhoid state. The remedies in this case consist of the warm bath, to which salt, mustard, brandy or Cayenne pepper may be added, counter irritating applications to the abdomen, and the internal use of mild astringents. When the diarrhœa is such as to exhaust the patient, the cretaceous preparations may be cautiously employed, great care being taken not to arrest the discharges too suddenly.

The following prescription has been proposed by Dr. Parrish for that purpose. ℞.—Potassæ sub-carb, ℈j; gum acaciæ, ʒ j; tr. opii, gtt. vj; aq. cinnam, ℥iss; sacch, alb., ʒj. M. A teaspoonful to be taken every two or three hours. Should this not be sufficient, the following may be employed· ℞.—Test. ostrear. ppt., ʒ iss ; gum acaciæ, ʒ j ; tr. thebaic, gtt. x ; sacch. alb., ʒ j ; aq. pur, vel aq. cinnam., ℥ iv. M. Sig. A teaspoonful every two hours.

Dr. Condie states that he has derived great advantage from the use of charcoal in chronic cases of this affection, when the discharges were of a dark color, acrid and offensive. He employs it in combination with powdered rubarb, ipecacuanha, and the extract of hyoscyamus, according to the following prescription. ℞—Carb. ligni, ʒ j a ʒ ij ; pulv. rhei, ℈ ij ; ipecac, grs. iv a grs. xij. M. ft. chart. xii. Sig· One to be taken every three or four hours. Lime water and Milk may also be given in these cases, also equal parts of charcoal and magnesia.

Care ought to be taken not to continue the use of the charcoal too long, as serious accidents are said to have arisen from its accumulation in the bowels. The infusion of soda and hickory ashes is also said to be beneficial. The syrup of rhubarb may be given in doses of from twenty drops to a teaspoonful every two or three hours, or the powder according to the following formula. ℞.—Pulv. rhei, grs. xv ; pulv. ipecac. grs. v ; magnes. calcinat. grs. xx ; sacch. alb. ʒ j; tr. opii gtt. x ; ol. anis. gtt. v. or gtt. vi ; aq. ℥iij. M. A teaspoonful every hour or two (Dr. Chapman.) Columbo root in powder or infusion may also be employed. (Dose from two to three grains.) The infusion of the common logwood (hematoxylon campechianum,) Dr. Chapman states, was much employed by Dr. Physick in this stage of the disease. The dose is a teaspoonful. A decoction of the bark of the pomgranate root (puncia granatum,) or of the flowers, is also considered useful. The best of all these vegetable astringents, according to Dr. Chapman, is a strong infusion of the leaves of the dew (rubus trivilis) or of the blackberry root (rubus villosus.) The dewberry is preferable, from its greater strength. The dose is about a teaspoonful. The alum plant (Heuchera Americana,) a common plant in the neighborhood of Philadelphia, has also been highly recommended as an astringent in this affection. Alum, in the dose of one or of two grains with a small quantity of opium may also be employed, or the acetate of lead in combination with the same remedy. Dr. Eberle states that in the advanced stage of this disease, he has occasionally derived considerable benefit from the use of the tartrate of iron according to the following formula. ℞.—Ferri tartrat. gr. xi ; syr. zingiberis, ℥ss ; aq. pur. ℥ij. M. From twenty to forty drops to be given to an infant four or five times daily. Dr. Chapman advises the sulphate of iron under the same circumstances. ℞.—Ferri sulphat. grs. ij ; acid sulph. gtt. x ; sacch. ald. ʒj ; aq, ℥j. M. Dose a teaspoonful as often as necessary. Dr. Meigs has written favorably of a plunging tepid bath made of the infusion of white oak bark. *American Medical Recorder*, vol. iii. p. 507. He states that it produced a rapid amendment in one case in which he tried it, and a perceptible improvement in another. When the discharges from the bowels are small in quantity, thin, dark colored and highly offensive, with flatulency, the spirits of turpentine may be given. Turpentine in the acute form should never be employed. It is a "deadly remedy." The following is the formula proposed by Dr. Condie. Prescription.—Mucilag. g. acaciæ, ℥iij ; sacch. alb. ʒvj ; spt. æth. nitros, ʒiij ; spt. terebinth. ʒij ; magnes. calcinat. grs. xiij ; spt. lavand. comp. ʒij. M. Sig. A teaspoonful threetimes a day, or oftener when the child is over two years of age. The juniper oil is also considered an excellent palliative for this purpose. Prescription.—Ol. junip. ʒij ; sulph. ether ℥ss ; tr. opii. gtt. xl. M. Sig. From ten to fifteen drops from three to four times daily. The balsam copaiba may also be employed. The dose is from three to five drops. Dr. Parrish states that he has frequently directed an infusion of bark and cinnamon in lime water in the following proportions. Prescription.—Best bark coarsely powdered, ℥ss ; cinnamon ʒij ; lime water ℥ijj. M, It should be suffered to stand a little while and then decanted ; a desert spoonful may be taken several times a day. With this remedy we have no experierience. The bark jacket is also occasionally employed. Injections of the bark may likewise be given. These remedies should be employed only when the symptoms are of a typhoid character, the vital forces being insufficient to sustain the patient. When the child is greatly exhausted, stimulating frictions to the body with flannels wrung out of hot brandy and water, or whiskey should be used, or if the exhaustion be extreme, it may become necessary to resort to stimulants internally, as wine whey, or a weak solution of carbonate of ammonia. Dr. Eberle states that in these circumstances he has derived great advantage from the tincture of cinnamon in doses of from fifteen to twenty drops in some mucilaginous fluid every four hours. When the discharges are very frequent, attended with great exhaustion, the spiritsof ammoniæ aromaticus in combination with chalk mixture is a useful remedy. Dr. Hartshorne, one of the most eminent practitioners of this city, recommends the use of creosote in the advanced stage of this disease. The following is a formula he employs. Prescription.—Creosote, gtt. j. ; test. ostrear. præparat., ʒij. ; g. acaciæ pulv. ℥ss. ; aq., ℥vj. Dose a teaspoonful every two hours for a child two years of age.

Tannin, we would suppose might also be advantageously employed in the chronic form of the disease when the discharges are abundant. It is said to be less likely to irritate the stomach and bowels that the ordinary astringents. The dose for a child of two years is one-fourth of a grain every three hours, or of the pure tannin one-twenty-fourth of a grain repeated as often.

When there is an aphthous condition of the fauces, Dr. Parrish thinks he has found nothing do so much good as a gargle of lime water and bark. Dr. Griffiths, he observes, in some protracted cases of cholera, was in the habit of prescribing scalded lemonade to the child and with a very happy effect.

Great attention must be paid to the diet. If not weaned, the child should be confined to the breast, with the occasional use of barley water, toast, or gum water. So long as the inflammation is inactive, or when it has subsided or has assumed a chronic form, articles of a more nourishing kind may be allowed, as boiled milk, tapioca, arrow root, or sago, or thin oatmeal gruel, or flour boiled in milk; the flour shonld be put in a rag, and then boiled until it becomes hard, and grated. This, we believe to be a most excellent article of diet. We know a remarkable instance of chronic dysentery in the adult, cured by small doses of calomel and opium, and confinement to this diet when all other means had failed. In the chronic form of the disease when the patient is greatly debilitated, the appetite occasionally becomes craving for certain stimulating articles of food, which it may be right to gratify. Dr. Parrish relates several instances of this kind in his lectures. Dr. Wistar, he observes, used to mention the case of a child that was brought to the parlor while the family were at dinner. It was extremely weak, and seemed to be in the last stage of the disease. It showed a strong disposition for some ham which was on the table. The black skin covering the ham was the part which is seemed particularly to desire. It was gratified, and it did not discontinue sucking the piece until it had deprived it of its nutritious juices. From this time it began to recover, and ultimately got well. Dr. Wistar was so convinced of the importance of the above practice that he used to tempt his little patients with small pieces of ham. Some would eat it, others seemed to have no desire for this kind of food. In the latter case he did not press it upon them. Dr. Parrish states that he often prescribed the essence of ham in these protracted cases of cholera. He directs the juice to be bottled up to prevent it from becoming rancid, and to be used as occasion requires. He also relates an instance of a child under similar circumstances that seemed very anxious to eat some butter which was on the table; this child was also indulged, and it continued to devour the butter, lump after lump, until it had made way with the whole. From this time it was allowed as much butter as it desired, and under this plan it recovered.

The same directions with regard to ventilation apply to this as to the first stage.

Third stage.—Symptoms. The symptoms indicative of this stage of the affection are an unusual disposition to drowsiness or stupor, rolling of the head, and chewing motion of the under jaw, succeeded by convulsive movements or rigidity, of one or more extremities followed by paralysis. When the disease has progressed thus far, it may be considered almost, if not entirely beyond hope.

Anatomical characters.—These consist essentially, in disorganization of the structure of the brain from softening of its tissue. The softening is sometimes general, but is more often confined either to the cortical substance, or to the central portions of the brain and cerebellum. The softening may exist to such a degree as to cause the brain readily to give way on slight pressure, or its substance may be rendered quite diffluent so as to resemble cream. These effects are the result of long continued irritation; the substance of the brain when cut into, usually presents numerous red spots from effusion of blood. The pia mater is more or less injected, and its veins much distended. There is also effusion of serum in the sub-arachnoid tissue, and to a greater or less amount in the lateral ventricles. This, however, is not always the case, the surface being sometimes quite dry.

Treatment.—Notwithstanding the hopeless condition of the patient, it is our duty to make use of such means as afford any, even the slightest prospect of relief. These consist in the application of leeches to the temples and to the mastoid processes, with blisters to the nape of the neck. They should be dressed with mercurial ointment. The treatment in fact is the same as in tubercular meningitis, and we think we have derived more benefit from the use of blisters in that affection, than from any other means. Cloths wrung out of cold water, or of vinegar and water, should be at the same time kept constantly applied to the temples,

Diagnosis.—Cholera infantum may be confounded with tubercular meningitis, or dropsy of the brain. From this, it may be distinguished by the frequency of the discharges, whereas, in the former affection the bowels are usually torpid, and by a proper acquaintance with the natural history of the disease. In tubercular meningitis the premonitory symptoms are such as indicate an affection of the brain; it occurs for the most part in delicate scrofulous children. Cholera infantum commences with looseness of the bowels. In tubercular meningitis, the cerebral symptoms predominate in the commencement. The child is restless and irritable. and complains of acute pain in the head, referring it chiefly to the forehead: the pain is intermittent, and is usually accompanied with a peculiar cry, which has been considered by Coindet and others as pathognomonic; the sleep is more or less disturbed, and there is frequent tossing about of the hands; the head is rolled from side to side, and there is more or less moaning and grinding of the teeth; delirium is almost a constant symptom, and the countenance assumes a peculiar characteristic appearance; this is so marked that even the nurses at the Children's hospital of Paris, easily recognize the disease. It is only in the advanced stages, that cholera infantum can be confounded with tubercular meningitis when the patient relapses into a state of drowsiness or stupor; which is a prominent symptom of the advanced stage of hydrocephalus, and is often accompanied or preceded by convulsions. Cholera infantum may be confounded with the *typhoid fever* of children. To this affection it bears a close resemblance; it may be distinguished from it, however, by the absence of gargouilliment, of the numerous lenticular spots which in typhoid fever usually make their appearance from the sixth to the twelfth day, by the agitation and slight delirum at night; the prominence of the spleen, the character of the fever, which is more intense, and continues beyond the ninth day; and the existence of the sibilant rale, all of which are prominent, although not constant symptoms in typhoid fever.*

The resemblance between the two diseases is such that it is often impossible to distinguish them apart. Cholera infantum may also be confounded with softening of the stomach. The similarity between the symptoms of gelatinous softening of the stomach, as described by Jæger, and those of cholera infantum, appears indeed to be striking; the coincidence has been observed by Rilliet and Barthez, who do not describe the latter disease as a distinct affection occurring in Paris. The following are the signs of gelatinous softening of the stomach, as laid down by them in their invaluable work. If a child be taken suddenly with obstinate vomitings which persist, with instatiable thirst, with pain in the abdomen, with abundant diarrhœa; if at the same time it emaciates with rapidity, whilst the gastric symptoms *almost exclusively* predominate, we may then infer a gelatinous softening of the stomach.—(Tom. i. p. 467. Art. *Gastrite et Ramollissment de l'Estomac.*)

Prognosis.—The prognosis in cholera infantum may be considered favorable when the pulse becomes slower, when the temperature is restored to the surface, when the vomiting ceases, and the alvine discharges become less frequent, and more natural; an opposite opinion may be formed when the pulse continues feeble; the surface remains cold; the discharges become very frequent, resembling the washings of meat, accompanied with great uneasiness and jactitation, or a disposition to stupor; should there be rigidity and a partial loss of power of the extremeties, the patient may be considered almost if not entirely beyond the reach of art.

(*The Cases are omitted.*)

Vaginal-Hysterotomy, and subsequent delivery with forceps, with safety to both mother and child. By GUNNING S. BEDFORD, M. D. Professor of Midwifery and the diseases of Women and Children, in the University of New York.

[Extracted from the American Journal of the Medical Sciences for April, 1848.]

On Saturday, Nov. 6th, 1847, at 5 o'clock A. M., Doctor Alexander Clinton was summoned to attend Mrs. L., aged 36, in labour with her first child. Dr. Clinton had been for some time the family physician of Mrs. E., and had attended her in repeated and occasionally severe attacks of nephritis. On reaching the house, he found Mrs. L. in labour, the pains being decided, and occurred with regularity at intervals of fifteen and twenty minutes. In his examination per vaginam, the Doctor was unable to detect the *os tincæ*; he very cautiously explored the vaginia and persenting portion of the womb with his finger; and after several fruitless attempts to find the mouth of the womb, he came to the conclusion that the difficulty of reaching the *os* was owing to mal-position of the organ —probably retroversion of the cervix. Accordingly, he waited until evening, when the pains increasing in violence, and assuming an expulsive character, he again examined his patient, but with no better success. He then proposed a consultation, the patient having been in labour fourteen hours. My colleague, Professor Valentine Mott, was sent for; on hearing the particulars of the case, he made a vaginal examination; and, after repeated attempts, he failed in finding the mouth of the womb. Professor Mott suggested that possibly some change would occur during the night in the position of the parts, which would enable him to reach the *os uteri*, and left the house with the promise that he would return in the morning. Doctor Clinton continued with his patient during the night, and the pains occurred regularly with more or less force. He made several examinations in the night, and could find nothing but a globular, smooth, and uniform surface. In the morning, Nov. 7th, at ten o'clock, Prof. Mott returned. The pains were then much more violent and the patient suffered severely. He again attempted by examination to reach the mouth of the womb—and again failed. To use his own language, "I have seen a great many obstetric cases, and have attended almost every variety of parturition; but it is the first time, after 36 hours labour, that I could not feel the *os tincæ*." the case was now assuming a dangerous character—the pains were frequent and expulsive, with an obliterated mouth of the womb. The fear, therefore, was rupture of this organ, and death of the patient with but little chance for the life of the child. The husband friends were informed of the precarious situation of the patient. Doctors Mott and Clinton decided to have additional consultation; and at the request of these gentlemen, I met them at one o'clock on Sunday, the patient having been in more or less active labour for forty hours. On examining the patient I could not feel the slightest trace of an os tincæ; and I became satisfied, after a thorough exploration, that it was entirely obliterated. Under these circumstances the death of the mother being inevitable without an operation, it was proposed to lay the womb open through the vagina; and at the request of Drs. Mott and Clinton, I proposed to perform the operation as follows: with a probe-pointed bistoury covered to within a few lines of its extremity with linen, and taking my finger, as a guide, I made a bi-lateral section of the neck of the womb, extending the incision to within a line or two of the peritoneal cavity. The head of the child was immediately felt through the opening. The pain continued with violence, but there was no progress in the delivery—the neck of the womb was extremely hard and resisting, and presented to the touch after the incision, a cartilaginous feel. Dr. Mott and myself then left the patient in charge of Dr. Clinton, and returned again at six o'clock in the evening. At this time, although the pains had been severe, the head had not descended, nor had any impression been made upon the opening. I then made an incision through the posterior lip. The patient was not in a condition to sustain blood-letting, and a weak solution of tartar emetic was administered with a view, if possible of producing relaxation. Dr. Clinton remained with the patient, and promised, if anything occurred during the night, to inform us of it. We were both sent for at two o'clock, the patient suffering severely from violent and excessive pain, all of which produced little or no change on the head of the child. We remained until seven o'clock in the morning, when we left. The patient being much fatigued, a Dover's powder was ordered, which procured a comfortable sleep, and temporary immunity from suffering. We called again at eleven o'clock; the opening had dilated somewhat, and the head could be more distinctly felt, but it had not begun to engage in the pelvis. There was much heat about the parts, and the scalp was corrugated. The pains continued with regularity, losing nothing in violence, and about six o'clock on the evening of Monday, the patient's strength was evidently giving away, and her pulse rose to 140. In a word, the symptoms were most alarming. The question now presented itself, what was to be done? After mature deliberation, being essentially conservative in the whole management of the case, we determined to make an atempt to deliver with the forceps—certainly not an easy thing to do with the head at the superior strait, not begun to engage in the pelvis, and the opening of the womb not larger than a dollar piece, rigid and unyielding. The forceps, however, after a full view of the circumstances, presented to us the most feasible means of effecting delivery. At the request of Doctors Mott and Clinton, I applied the forceps, and was fortunate, without much loss of time, in locking the instrument. The head was situated diagonally on the upper strait with flexion but partially made. At first I directed my traction downwards and backwards, the handle of the forceps forming an acute angle with the axis of the inferior strait of the pelvis, and when I succeeded in flexing the chin of the child upon the sternum, I then rotated the handle of the instrument for the purpose of giving the demi-spiral movement of the head. In this way, after very great effort, I succeeded in bringing the head to the inferior strait, the occiput pressing on the perineum. At this stage of the operation, my arms and hands were nearly paralyzed, such was the force necessary to overcome the difficulty. I requested Dr. Mott, who was by my side, to relieve me, and he, after no inconsiderable effort, succeeded in bringing the head into the world —and our gratification was in no way diminished by the fact that the child was alive, an event certainly not to have been expected. As strange as it may appear, the only inconvenience experienced by the mother after her delivery was an inability to pass her water —this continued about two weeks, rendering it necesssary to introduce the catheter twice, daily, for the purpose of relieving the bladder. The mother and child are in the enjoyment of excellent health, it being now three months since the operation.

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* Rilliet dt Barthdz, Traité cliniqe et pratique des maladies des enfans, t. ii. p. 312.

It may, perhaps, be thought by some that the patient should have been delivered sooner, and that we subjected her to serious and unnecessary hazard in delaying the delivery by forceps. This reasoning might possibly be sustained on general principles—but, I think it will be conceded that in this individual case, we were not only justified in the delay, but the result proved the wisdom of the course we pursued. In my judgment, nothing, under the peculiar circumstances of the case, could have warranted any attempt at artificial delivery, *save an approach to exhaustion on the part of the mother, or the occurrence of some accident placing life in the most imminent peril.* The position of the fœtal head, and the condition of the mouth of the womb were such as to render extremely probable failure of any attempt at delivery. The obvious indication, therefore, was to trust to nature as long as she was capable of acting, and for the accoucheur to proceed to artificial delivery the moment the general system exhibited evidences of prostration.

This is the second time I have performed the operation of *vaginal-hysterotomy*, and in both instances the lives of both mother and child were saved. The first case occurred in a female, whose womb had been seriously injured in consequence of attempts made to occasion miscarriage by the notorious abortionist *Madame Restell.* The injury inflicted resulted in entire obliteration of the mouth of the womb. The patient was taken in labour, Dec. 18th, 1843, at 7 o'clock, P. M. and was attended by Drs. Vermeule and Holden. On the following day, at 7 P. M. I was requested to see her in consultation with these gentlemen. Her pains were violent, and she suffered intensely. On making an examination, it was quite evident that there was obliteration of the mouth of the womb. In the presence of Drs. Washington, Detmold, Doane, Vermeule, and Holden, I made a bilateral section of the uterus—and in ten minutes after the incision, the patient was delivered of a full-grown living child. The mother and child continued to do well without one untoward symptom.

I am not aware that this operation has ever been performed in America—at least I have found no record of it. A full account of this case was published in the *New-York Journal of Medicine* for March, 1843.

NEW-YORK, February 1st, 1848.

[We are promised for our next No. the report of a case in which Vaginal Hysterotomy was performed many years ago, by a physician now residing in this city.—ED. BUFF. MED. JOUR.]

EDITORIAL DEPARTMENT.

A Descriptive Catalogue of the Anatomical Museum of the Boston Society for Medical improvement. By. J. B. S. Jackson, M. D., Curator of the Museum, and Professor of Pathological Anatomy in Harvard University. Boston, Wm. D. Ticknor & Co. 1847. 8vo. pp. 352.

This is a beautifully gotten up book, creditable alike to publishers, the society under whose auspices it is issued, and the accomplished Professor whose name appears on the title page. To ourselves it is a most welcome volume, aside from the intrinsic value which it possesses for every lover of Pathological Anatomy: it reproduces objects which we once had the pleasure examining, and, at the same time, listening to the explanations and valuable comments of our friend—the able and indefatigable Curator of the Museum. Although the interest and value of the Catalogue are enhanced by this circumstance, yet, for those who have not been so fortunate as to enjoy the same privilege, the work must prove both attractive and instructive; and we conceive that its publication will be of no inconsiderable service in stimulating other associations to follow the example of the Boston Society, in collecting and preserving specimens illustrative of the various lesions of which the solid structures are the seat. Prof. Jackson, as we have been informed, is in a great measure entitled to the merit of making the Museum of the Society for mental improvement what it is—a source of scientific profit, and of just pride to his professional brethren of Boston. By extending the advantages of the collection by means of this carefully prepared descriptive catalogue, he has laid the profession of the whole country under obligations.

A detailed analysis of a work of this description is, of course, out of the question. In order, however, that the reader may form some idea of its scope, we copy his classification, which is an anatomical one, together with the number of specimens belonging to each division:

1. Healthy Bones,	78	specimens.
2. Diseased Bones,	227	"
3. Soft parts about bones,	22	"
4. Heart and Blood-vessels,	63	"
[This department is especially rich in rare and valuable specimens.]		
5. Organs of Sense,	212	"
6. Vocal and Respiratory Organs,	29	"
7. Alimentary Canal,	85	"
8. Organs accessory to Alimentary Canal,	55	"
9. Urinary Organs,	65	"
10. Female Organs of Generation,	38	"
11. Male Organs of Generation,	24	"
12. Utero-gestation,	45	"
13. Monstrosities,	124	"
14. Parasites,	34	"
15. Miscellaneous,	25	"
Total 924.		

The formation of a museum of Pathological Anatomy is one of the means by which members of an association are incited to attend meetings, and to co-operate for the general objects for which scientific associations are formed. In this way, indirectly, as well as directly, it accomplishes good. We are happy to learn by the following concluding paragraph of the preface of the work before us that this effect has been exerted upon the Boston society for mutual improvement:—

"In regard to the general prospects of the society they were never better than at the present time. The meetings are well attended, and well sustained, and tend to the promotion of good feeling, as well as of medical science. The cabinet, the library, and the records of nearly twenty years, faithfully kept, form a substantial basis. The same spirit that founded the society, and has thus far actuated its members, still prevails, and, it is hoped, will perpetuate its existence, and render it for many years to come deserving of the significant name it bears."

In concluding this article, we cannot forbear expressing regret that the same spirit which has actuated the Curator in the publication of this catalogue does not lead the society to extend the benefits of the society beyond the circle of its members, by permitting some of the most valuable of the "records of twenty years," to appear in the columns of a medical journal, or some other vehicle for the professional reader. We shall not refrain from quarreling with our Boston friends whenever they circumscribe their useful labors within the limits of their own city.

Public Health.—The subject of public health appears to be attracting, of late, some share of that attention which it merits. Appreciating the importance of statistics, which are to be considered as the basis of all reasoning upon sanitary regulations, the governments of Great Britain, France and other European countries, for several years past, have adopted measures to collect facts relating to the value of life as affected by differences of location, station in life, occupation, and other circumstances which may reasonably be supposed to exert favorable or unfavorable influences upon health and mortality. In this country the subject has been strangely neglected. In but few of the states of the union, if we are not mistaken, do there as yet exist legal enactments even for the registration of births and deaths. In the state of New York, if we are rightly informed, a law was passed in the session of 1847, providing for such a registration, but, so far as our knowledge extends, it has not yet gone into practical operation. The medical profession of this country have by no means been insensible to the great importance of the subject; hence, we find among the proceedings of the first national medical convention, a committee appointed to report upon it. And at the second convention a forcible and eloquent report was communicated by Dr. Griscom, of New-York, which, together with the other reports, was published in this Journal. In the State of Massachusetts, legal provisions for vital statistics have been in force for several years, and our attention is at this time called to the subject by the perusal of a memorial presented to the Massachusetts house of representatives by a committee from the *American Statistical Association*, (an association organized in Massachusetts a few years since,) petitioning for a *sanitary survey* of the State under authority of the State government. This memorial, (which is signed by Edward Jarvis, M. D., chairman of the committee appointed by the association) presents in a just and strong light some of the considerations which render the survey asked for, both appropriate and important as an object for Legislative action. These considerations are by no means local in their application, and will answer quite as well for the State of New York, or any other State, as for the State of Massachusetts.

The committee do not propose any particular plan of a sanitary survey, leaving this to the wisdom of the Legislative body to which the memorial is addressed. The memorial was accepted by the House of Representatives and ordered to be printed. What farther legislative action will be had remains to be seen, but we entertain strong hopes that, with characteristic wisdom and sound policy, the commonwealth of Massachusetts will lead the way in this new and important movement, as she has already in providing for the collection of statistical information bearing on the subject of public health.

As preliminary to a proper system of sanitary regulations, and as furnishing knowledge of vital consequences to the public weal, we hope that registration laws will be speedily adopted by all the States of the Union. For arguments and illustrations of the immense importance which belongs to this subject, we cannot do better than to commend to the attention of our readers the address *of the National Medical Convention to the governments of the several States,* reported by the committee of which Dr. Griscom was chairman, to which we have before referred. It is manifestly the duty of the medical profession to use efforts that the subject may be more fully appreciated by the community at large, and that the attention of Legislators shall be especially directed to it. These ends would, as it seems to us, be promoted by an extensive circulation of the address just mentioned, and this might be effected by procuring its publication in the various newspapers, and other publications throughout the country.

A Catalogue of the Medical Plants, Indigenous and Exotic, Growing in the State of New-York, with a brief account of their Composition and Medical Properties. By Charles A. Lee, M. D. Professor of Materia Medica in Geneva Medical College, and the University of Buffalo, etc. New-York: J. and H. G. Langley. 1848. 8vo. pp. 64.

With characteristic industry, and zeal for the promotion of medical science, Dr. Lee has devoted a considerable amount of labor in the preparation of this catalogue, for which he deserves the thanks of the profession generally, and particularly of the profession of the State of New-York. Dr. L. adopts the natural system of arrangement, which is now fast superseding the complex, but, yet, ingenious classification of Linnæus. We take the following from the preface :—

"The whole number of flowering plants hitherto discovered in this State, according to Prof. Torrey, is about 1450 species. Of these about 1200 are herbaceous, and 150 are ornamental. We have 250 species of woody plants, including eighty that attain the the size of trees. There are also 150 plants that are known to possess medical properties. Of exotics, now naturalized, we have 160 species, many of which have probably been introduced with grain, and other agricultural products from abroad. Of such, are nearly all the weeds that prove so troublesome to the farmer. To the same source, we are also indebted for many of our useful species, as most of our different grasses, which spring up spontaneously on every hand.

Of *Ferns* we have about fifty species belonging to the Flora of the State, some of which are medicinal. The *Male Fern* does not grow within the limits of the State. Our *Mosses, Liverworts, Lichens and Sea-weeds*, have as yet been but very imperfectly investigated ; though many of them would undoubtedly furnish valuable resources to the medical man. When these have become more fully known, we shall no longer send to Iceland, Ireland, and the East Indies, for mucilaginous mosses, and other remedies of this class. Our *Fungi* are almost innumerable, constituting, probably, at least 3000 species, but few of which have been thoroughly studied. Here is a wide field for such as wish to distinguish themselves by making discoveries in a *terra incognita.* At present our knowledge scarcely suffices to enable us to distinguish such as are poisonous from those which are edible and nutritious. Where is the genius, which is to illustrate this dark region? Where the man, whose name is to be connected with this branch of natural science, in all future time?

It is not to be supposed, that the botany of this state is as yet fully explored. A large majority of our phenogamous plants have undoubtedly been discovered ; but yet we believe that numerous interesting plants of this class remain undetected, besides thousands of the cryptogamic order. The geological features of our State are greatly diversified, and so is its range of temperature ; and the geographical range of plants, being governed by both these circumstances. Already we can number as many species as are found in the whole of New England. But we have mountainous and alpine regions in our State, elevated some 6000 feet above the ocean, which furnish an alpine vegetation, and which remain almost unexplored. We have many plants on our Atlantic borders, as Long Island, which are found no where else in the State ; and the same remark will apply to the Valley of the Hudson, and to our mountainous and western and northern regions. We have many marine plants growing on the borders of our northern lakes, showing that their waters were formerly saline."

Elements of the Principles and Practice of Midwifery. By DAVID H. TUCKER, M. D., Professor, etc., with numerous illustrations. Philadelphia: Lindsay and Blackiston. 8vo. pp. 405.

We have received the Principles and Practice of Midwifery, by David H. Tucker, M. D.; being the first number of the Medical Practitioners and Students' Library.

We have hastily examined this volume, and think it combines the merits of several of the larger works on obstetric science, in a very condensed and economical form. There have been several works of a similar character published in Europe and America within the last few years, but this compendium commends itself to the consideration of the profession by reason of its conciseness, and from that fact that it is an American production, and brings the student down to the present moment in all the improvements in the science.

In relation to the theory of generation, he adopts the theory of the periodic expulsion of ova, substantially, as taught by M. M. Bischoff, Raciborski and Pouchet.

In the mechanism of labour, Dr. Tucker has very judiciously (as we think) simplified and diminished the number of positions in his classification, making but four instead of six or eight, as described by some modern writers. We might, doubtless, in the early stage of labour, find the vertex pointing to almost any part of the pelvic brim; but so soon as the head engages in the superior strait, it would seem that the long diameter of the fœtal head must occupy the oblique or long pelvic diameter. Indeed we believe this will always hold true, when the relative portions of the head and pelvis are so nearly the same as to make it a matter of importance what relations the former holds to the latter. In cases of pelvic deformity, the head will accommodate itself to the peculiar malformation present, and will be an exception to any rule which may be laid down as applicable to the normal pelvis. We would therefore adopt the views of Neagle, and can perceive no propriety in multiplying the number of positions as Ramsbotham and Mad. Le Chapell have done.

We think Dr. T. too much inclined to favor the innovation of Dr. Simpson in the treatment of placenta prævia. In the main, however, we can concur with Dr. T. in his views of practice, and are happy to see that his work embraces all the improvements of modern practice in surgical midwifery; and, so far as we are aware, furnishes the most complete and systematic work, for its price, extant. The illustrations are appropriate and well executed, and, from the limited examination which we have been able to bestow upon the work, we are induced to regret only, that Dr. Tucker, who shows himself fully competent for the task, by his judicious discrimination in this undertaking, did not extend his labors, and provide for the profession what, we consider a great *desideratum*, a *cyclopædia of obstetric medicine.* In short, perform for the practitioner of midwifery (by collecting in one extensive work, everything which relates to the female and her diseases,) what Tweedie, or Copland, or Forbes have accomplished for the general practitioner. J. P. W.

Jarvis' Surgical Adjuster.—MR. EDITOR:—Your readers are doubtless acquainted with the admirable invention of Dr. Jarvis, of Connecticut, for the reduction of fractures and dislocations. This instrument, which ought to be in the possession of every surgeon, has been recently submitted to a Committee of the Army Medical Board, who have reported upon it favorably, a copy of which I forward for insertion in your valuable Journal. Having long been acquainted with the talented and ingenious inventor, I am desirous that his useful "adjuster" should meet with that favor from the profession, to which its undoubted merits entitle it.

I am very truly, yours &c.

CHARLES A. LEE, M. D.

Special Report of the Army Medical Board on Jarvis' Surgical Adjuster:

The Army Medical Board, consisting of Surgeons Finley, Stimeche, and assistant surgeon Southgate, to whom was referred the petition of Mr. Kellogg, addressed to the Hon. Secretary of

War, praying that Jarvis' Surgical Adjuster might be furnished to the Army of the United States, have the honor to report, that an examination of the instrument has satisfied them of its adaptation to the treatment of fractures and dislocations. The facility with which extension may be applied in a gentle and continuous manner, and instantly intermitted without losing the effect produced, and the ease with which the limb may be manipulated, render it an admirable resource in dislocations, which have continued unreduced from unskilfully directed efforts, to the absence and surgical aid, as well as in those which occasionally, under the best management, resist the means applied. The Board are likewise of the opinion, that it will prove an excellent means of treating fracture of the neck of the thigh bone; an accident, the treatment of which is too often followed by unsatisfactory results.

Whilst the Board take pleasure in testifying to the value of the invention, and admire it as a happy application of American ingenuity to the relief of human suffering, they are of the opinion that a very large proportion of fractures and dislocations may be satisfactorily treated by the means and appliances usually restored to; and at our military posts when well directed surgical aid is immediately rendered on the receipt of the injury, such an instrument will be seldom called for. So high an opinion, however, does the Board entertain of it, as a reliable means of relief in cases which may occasionally present themselves, that they would respectfully suggest to the Surgeon General, whether it may not be expedient to furnish the instrument to some of our large military stations, and to each divisions of our army in the field. Respectfully submitted by direction of the Board.

Signed, ROBERT SOUTHGATE,
Assistant Surgeon, U. S. A.

THOMAS LAWSON, *Surgeon General.* Washington, D. C.
NEW-YORK, May 25, 1848.

Termination of the third Volume of this Journal.—Our subscribers will observe that with this number terminates the *third* volume of our Journal. The title page and index for volume third is embraced in this number, intended to be detached, and placed at the commencement of the work, when bound. The present issue has been delayed a few days in order to announce some contemplated arrangements for the fourth volume, calculated to enhance the value and usefulness of the work. These arrangements, if perfected, will be announced in our next number. As the printing of the first number of the next volume will not be entered upon until it be concluded whether the Journal be continued without any alteration, it may not be issued quite so early in the month of June as usual. We reserve farther remarks suggested by the expiration of one volume, and the commencement of another, for our next number.

Extension of Lecture Terms.—The last number of the Southern Medical and Surgical Journal contains a statement, which, in justice to the Medical College of Georgia, should be generally known. It is, that the Georgia College in 1832 was organized upon a six months course of Lectures, and for five successive sessions, this plan was continued. Finding that the classes did not increase, in 1835 a circular was addressed to every medical College in the United States, proposing the adoption of the same length of term. No other institution, however, acceeding to the proposition, the Georgia school reluctantly shortened its term to four months. We take pleasure in aiding to give currency to the foregoing statement, in order that the merit of priority in the matter may be attached to the institution to which it rightfully belongs.

American Medical Association.—The American Medical Association met at Baltimore on the 2d inst., and closed its session on the 4th inst. The number of delegates present was 277.

The officers elected for the ensuing year are as follows:—

President, Dr. A. H. Stevens, of New-York; Vice Presidents, Drs. Samuel Jackson, of Philadelphia; John C. Warren, of Boston; Paul T. Eve, of Georgia, and Wm. M. Awl, of Ohio.

Secretaries, Drs. Alfred Stille, of Philadelphia, and H. J. Bowditch, of Boston.

Treasurer, Dr. Isaac Hays, of Philadelphia.

The next annual meeting is to be held at Boston, Massachusetts.

We expect soon to receive full reports of the proceedings, &c., and shall lay them before our readers in our next number.

Collodion.—This is the name applied to the new preparation proposed as a substitute for adhesive plaster. The term is derived from *kolla*, glue; and *eidos*, resembling. The two claimants for the discovery of its application to surgical objects, are contending for the honor in the columns of the Boston Medical Journal. We suppose there is no difficulty in the manufacture of the article, but we perceive that both combatants have forgotten, in the heat of controversy, to state the process of which it is prepared. We are not so uncharitable as to suspect there is any disposition to keep the process secret.

Prof. Peaslee's Synopsis of Lectures on General and Human Physiology. 1848.

This synopsis, for which we are indebted to the polite attention of the author, presents a comprehensive digest of all the more important points embraced in general and human physiology. While it shows the author's course to be thorough and complete, and must be of material service to those in attendance thereupon, it is calculated to serve an useful purpose for the practitioner who may wish to review the subjects, in order to refresh his recollection of the multitude of facts which they embrace.

We have also been favored with an introductory lecture by Prof. P., which we have perused with much gratification.

Buffalo Medical College.—The lecture session of this Institution, now in progress, will close on Wednesday, the 14th proximo, on which day degrees will be conferred upon graduates. The class in attendance numbers ninety. The council of the University have purchased a site on the corner of Main and Virginia streets, and the new edifice is shortly to be commenced. The next session commences on the last of November, and continues *five months.*

Bartlett on Fevers.—We owe an apology, not only to the author and publishers of this work, but also to our readers, for delaying critical notice of it. We have intended to prepare an extended review, but the pressure of various duties has prevented the execution of this design. We shall devote some space to it in our next number.